VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

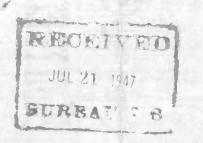
2411 N. Charles St., Baltimore

Reg. Diat. No....

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CERI	161	LAI	r. Ur	mar.	

	the state of the s		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants gipe residence of mother)		
Jaurel Steight	State Maryland County Rasse arundel		
(If outside eity or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. (If outside city or town limits, write RUFAL and give nearest		
Hospital, institution, or street address where death occurred:		t town)	
V	Street No	***************************************	
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Nur		
Crost alter	eter Hone	mber	
4. Sex 5. Color or pace 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male While Widowed	20. DATE OF DEATH June 23 1947, at	12:45 A	
Ketia P Altrata	21. I CERTIFY that death occurred on the date above stated: that I attended deceased		
6.(b) Name of husband or wife.	7 lbrown 11 19 47, to June 23	and Property	
7. Birth date of	' // // 0 0	11	
deceased (mo., day, yr.) Uclober 12.1865			
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION	
8/ // min.	in the first of the second		
Botherso Odanie	Que to Chrome Mysersons	6 ma	
9. Sirthplace		***************************************	
10. Usual occupation Produce Mealer	. Hymonthreum + general	******************	
11. Industry or business	a total and lower	10 Mars	
12. Name	Dther conditions	********************	
M 91.6	(Include pregnancy within 8 months of death)		
14. Malden name	Major fiedings of operations		
15. Birthplace Humany	Date of op.	***************	
16, Informant Mrs. Thenry Seils	Autopsy results.	***********	
Address 5-34 Harles ave.	PHYSICIAN: Please ouderline the cause to which death should be charged stati	stically.	
B D / - 20 ./4	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	******************	
Cemetery or crematory Mesadowridge Memorial	Where did injury occur?		
Al B O			
Location Company	Injured at home, farm, industry, public place (where?)	***************	
18. Funeral director Leaved T. Schweb	Means of Injury Injured at work?	20	
Address 2101 Frederick ave.	Os has the vall and Mi	rat.	
Dr. 102 119 10/21 18001/1	23. SIGNATURE M. D. or ot		
(Date ree'd by registrar) Registrar	Address of affect Many and Bate signed 6/	23/17	

Registrar Address.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

04675

Reg. Dist. No. 25

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County A A County Sey City or town (If outside city or town limits, write RURAL and give nearest town)	state Maryland county anne arundel County		
How long in above place of death?	City or fown (1f outside city or town limits, write RURAL and give nearest town) Street No.		
	(If rural, give LOCATION)		
How tong in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Richard Banta	3.(b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widower	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE		
6.(b) Name of America or wife. Curmelia & Banta	21. I CERTIFY that deal occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) Cipul 25 - 1865	and that I last saw harmalive on		
8. AGE: Years Months Days If less than one day hrsmin.	Immediate cause of death DURATION		
9. Birthplace	Bue 10 had been been been been been been been bee		
10. Usual occupation	Due fo		
12. Name George Banta New Jersey	Other conditions and satural singlester		
14. Maiden name Martha Havell 15. Birtholace	(Include pregnancy within 8 months of death) Major findings of operations.		
15. Birthplace	Date of op		
16. Informant Mu Jeorge Hutchings Address Curtis Creek Curtis Bay-26	Autopsy results		
17. Burial Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or exematory foly Cross Climetery	Where did injury occur?		
Location TW Western Treatment of the Location Treatment of the Locatio	Injured at home, farm, industry, public place (where?)		
18. Funeral director Milton Schulling	Means of Injury Injured at work?		
Address 3914 Hanovic St	23. SIGNATURE State Subin		
19. The pool by register) 19.47 da M. Velutana	Address 203 Rut along Bate along to 151/17		

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JUN 6 1947

BUREAU V 8

2411 N. Charles St., Baltimore 940

04676-

CERTIFICAT	ΓΕ OF DEATH Reg. Diat. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME	3 (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	SZ MEDICAL CERTIFICATION
M W WIDOWED	20. DATE OF DEATH SUNE 11 19 47 al
6.(b) Name of husband or wife ANNIE E. BOSZ (EVERD)	21. I CERTIFY that death occurred on the date above slated; that I atjended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birthplace BALTIMORE MO. (Town, county, and state)	Due to Comany I be more un Russe
10. Usual occupation RETIRED	Oue to
E 12. Name ADAM BOSZ 13. Birthplace GERMANY	Other conditions
14. Malden name MARIE LEIDERT 15. Birthplace GERMANY	Major findings of operations
16. Informant MR STEPHEN BUSZ Address GREEN HAVEN AA. Co.	Autopsy results
17. BURIAL (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory SLEND HAVEN Location RITCHIE HIGHWAY	Where did injury occur?
18. Funeral director. JOHN F. DENNY, INC.	Means of Injury Injured all work?
Address, 7/5 LIGHT ST	23. SIGNATURE Disease Superior M. D. or other
19. 19.47	Beging med a folial

PLEASE WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and lo MARGIN RESERVED FOR BINDING

9.00 To 10.00 To 10.0

* ,*

JUN 16 1947

CERTIFICATE OF DEATH Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newhorn infants give residence of mother) (If outside city or town limits, wite RURAL and give nearest town) ion carefully. How long in above place of death?.. Hospital, Institution, or street address where deaty occurred: + Brenting P. R. Woodland Breek (If rural, give LOCATION) information of death cle How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 4. Sex 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 20 19 47, 10 June 19 1947 7. Birth date of deceased (mo., day, yr.) Supply elease wri DURATION Immediate cause of death If less than one day Months Days 8. AGE: 10. Usual occupation. MARGIN 11. industry or business 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations. PHYSICIAN: Please ooderline the caose to which death should be charged statistically. une 21 194 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? TE (State) (City or town) (County) WRI Injured at home, tarm, Industry, public place (where?) injured at work? Means of injury ... Date signed Lune 1.1947

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VFADING INK. Supply every item of information carefully. The correct age ent. Physicians: please write the causes of death clearly and legible.

VS A15—9-45-15M PLEASE WRITE PLAINLY, WITH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

04678

CERTIFICATE OF DEATH

er Dist No 21

CERTIFICA	TE OF DEATH	Reg. Dist. No. 21
City or town	2. USUAL RESIDENCE (HOME (For newborn infants give resident) State	County Co
3. (a) FULL NAME Susan E. B	rewer	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Hende Wildow	20. DATE DF DEATH.	L CERTIFICATION
6.(b) Name of husband or wife of husband of wife of husband or wife of	June 9	
8. AGE: Years Months Days If less than one day 75 5 23	Due to Hypstun	undere freg I Islan
1D. Usual occupation	Due to	Elena ula
13. Birthplace Character 14. Maiden name Surace E Brence 15. Birthplace a G G Md. 16. Informant Mas John Caulson	Autupsy results	Date of op.
Address 17. (Burial, cremation, or removal, Which?) Cemetery or cremator Cedan But thereof (month) (day) (year)	22. VIOLENCE: If death was due to extern	Date of
Location	Injured at home, tarm, industry, public pla Means of Injury 23. SIGNATURE	
19r Len R. (Date rec'd by registrar) Registra	Address Unnun	Date signed 6-19-7

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JUN 24 1947

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Jones Johnson Johnson

2411 N. Charles St., Baltimore 93d

04679

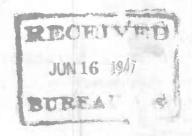
	CERTIFI	CATE OF DEATH Reg. Dist. No. 28
PLACE OF DEATH: CountyAnneArundel		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or townCronside city of a wir limits will ALL and give nearest town) How long in above place of death?		Cily or town (If outside city or town limits, write RURAL and give nearest town
How long in hospital or institution?.1.	te Hospital, Crownsville year, 11 months, 23 days	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME		3. (b) Social Security Number
4. Sex 5. Color or rac	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Negre	Widowed	20. DATE OF DEATH
		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date ot deceased (mo., day, yr.)	SWI to US If less than one day	and that I last saw h. er. alive on June ? Immediate of death Myooarditis
8. AGE: Years Months ?	Days 17 less than one day	Known to us sin
	Town, county, and state)	
10. Usual occupation	ework	Due to
13. Birthplace Maryland	own	Other conditions Senile Psychosis Known to use (Include pregnancy within 3 months of death)
PC	Thomas	(Include pregnancy within 8 months of death) Major findings of operations
16. InformantHospital	Records	Autopsy results
(Burial, cremstion, or removal. V	State Hospital Marylar Bate thereot. (month) (day) (year	Accident, suicide, or homicide
Cemetery or crematory.	storlee Ind	Where did Injury occur?
1B. Funeral director Dear Address	Crownserle	23. SIGNATURE Jacob Marpeuster M. 9
A 1 - 1		VIVIII III

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, is especially

(Date rec'd by registrar)

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Every item of information should be carefully su write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: please

PLEASE WRITE PLAINLY, WITH correct age is especially important.

PLEASE WRITE

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F. C. S. D. S.	EALTH DEPARTMENT
CERTIFICAT	E OF DEATH 930 Registered No.
1. PLACE OF DEATH: Ange Arundal (a) Bakimore City, Maryland (b) Street address Hammonds Ferry Rd. (c) Hospital or institution: Linthicum, Md.	2. USUAL RESIDENCE OF DECEASED: (a) State_Maryland (b) County (c) City or town Baltimore - Paral (If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst, (yrs., mos., or days)	(d) Street No. Hammond Ferry Rd. (if rural give location) (e) Citizen of foreign country? (Yes or No) If yes, name country.
Louis Buhl 3 (b) If veteran, name war None No. AONE 4. Sex 5. Color or race divorced. Widowed, or divorced. Widowed 6 (b) Name of husband or wife Henrietta 6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Sept. 29, 1863	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I certify that death occurred on the date above stated; that I attended deceased from 19.7, to 19.7 and that I last saw has alive on 2.5.19. Immediate cause of death Duration
8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, and state) 10. Usual Occupation Retired 11. Industry or business 12. Name John Buhl 13. Birthplace Germany 14. Maiden Name Lena Unknowned	Due to Due to
15. Birthplace Germany 16 (a) Informant William Litsinger (b) Address II25 W. Saratoga St. 17 (a) Burial (b) Date thereof (month) (day) (year) (month) (day) (year)	of autopsy: 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide
(c) Cemetery or crematory Western Location Baltimore, Md. 18 (a) Funeral director William Cook Inc. (b) Address I2I7 St. Paul St. 19 (a) Gulla 1 1946 C. 24 Medical Registrar	(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) (e) Means of injury 23. Signature Address (City or town) (County) (State) (Shall place, in public at work? (Specify type of place) (Address (Day signed)

(c) City or town Baltimore - Tarel (If outside city or town limits, write RURA	L and give town)
(d) Street No. Hammond Ferry Rd. (e) Citizen of foreign country? If yes, name country.	(Yes or No)
1"HTARG TO HAVE WA	2(11 N N
MEDICAL CERTIFICATION 20. DATE OF DEATH 6 28 47 19	, at 4 P.M
21. I certify that death occurred on the date above stated deceased from 1977, to 6 and that I last saw has slive on 6 - 2 11	28 19 X
Immediate cause of death	Duration
auto Cordial talens	100
Due to Due to Plante Carles Prante	Ins
Other Conditions	
(Include pregnancy within 8 months of death) Date of operation	PHYSICIAN
Major findings of operation:	cause to which death should be charged statis-
22. If death was due to external causes, fill in the fo	llowing:
(a) Accident, suicide, or homicide	-
(b) Date of occurrenceat	

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04681

CERTIFICATE OF DEATH

Reg. Diat. No. 2/

1. PLACE OF DEATH: Anne Arundel Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Maryland County Anne Arundel		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Annapolis (If outside city or town limits, write RURAL and give nearest town) Street No. 33 Hutton Place (If rural, give LOCATION) ***********************************		
3.(a) FULL NAME Elvary Little Carey	3. (b) Social Security Number 215-14-4459		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Female Col. Married	MEDICAL CERTIFICATION 120 20. DATE OF DEATH 1947 21 A M		
6.(b) Name of hueband or where Nason Carey 5.(c) If alive, give age 40 years deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated to the death occurred on the date above stated to the date of the d		
8. AGE: Years Monthe Days If less than one day	America, close of casta.		
9. 8irthplaceAnnapolisMdACoMd	Due to		
14. Maiden name. Florence Galloway Annapolis Md.	(Include pregnancy within 3 months of death) Major fiediogs of operations		
Addrese 51 Fleet St. Annapolis Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Cemetery or crematory Brewer Hill Cemetery West St. Extd. Annapolis Md. 18. Funeral director Mrs Charles E. Hicks Address Address 19. 47	22. VIOLENCE: If death was due to riternal causes, fill in the following: Accident, eulcide, or homicide		



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The d is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

04682

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE ON DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	Mary land Change Chendel
City or town	State County
	City or town
How long in above place of death?	(11 outside city of their mails, write howard and give housest town)
nospital, institution, or street address where death occurred.	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
O () FILLY WAME	1 2 (b) C :- 1 C :- 1 N 1
3. (a) FULL NAME Hashes L. Cattle	3. (b) Social Security Number
140009	
4. Sex 5. Color or race 6.a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male my makered	a midt
made in a made	20. DATE OF DEATH
6.(b) Name of husband or wite. Of these Callers	21. 1 CERTITY that doubt occurred on the date above stated; that last ended deceased from
	18 4 19 4 10 Here! 19 4
7. Birth date of 6.(c) It alive, give age	years and that hast and had alive on 19 4
deceased (mo., day, yr.) Tely 12 = 18 61	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
60 3° 19hrs.	min. Carner Turnelnes Quark
O C W. med	and consumptions when
9. Birthplace Town, county, and state)	Due 10.
10wh, county, and state)	
10. Usual occupation	Oue to.
11. Industry or business	
= 12 Name nom E. Latten	Other conditions
13. Birthplace Q CC CO Ma.	(Include pregnancy within 3 months of death)
14. Malden name Consce To ove 15. Birthplace C. C. Smd	Major findings of operations.
15. Birtholace a a. Co md	
-1 13. Dittiplace	Date of op.
16. Informant Lauran Lauran	Autupsy results
Address 127 Pri Leo St. Camarholin	
0 11/6/0	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or renaval, Which?) Date fhereo (month) (day) (year)	Accident, suicide, or homicide
10N111 191 M	Where did injury occur?
Cemetery or cremator	
Location	Injured at home, farm, Industry, public place (where?)
John M. Vac Cu. Las	Means of Injury Injured at work?
18. Funeral director	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address // Address // M.	23. SIGNATURE
T. 4 47 17	M. D. or other
(Date ree'd by registrar)	Address Date signed Date signed

JUN 6 1947

CERTIFICATE OF DEATH

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eg. Diat.	No.		L	Ĺ

	wn limits, write RURAL and give nearest town)	Street No	mother) unity Owner Accorded s. write RURAL and give nearest town) LOCATION)
^	ura Catterton		
4. Sex 5. Color or Pace	6.(a)Single, married, widowed, or divorced		ERTIFICATION
6.(b) Name of husband or wife	trank Cuttestin	21. I CERTIFY that death occurred on the date abo	
7. Birth date of		and that I last saw hailve on	
8. AGE: Years Months	Days If less than one dayπ	Immediate cause of death.	
9. Sirthplace MAY 1	own, county, and state)	Due to.	lul
11. Industry or business 12. Name	Mustly Ball	Cther conditions	
14. Malden name	shay side	Major findings of operations.	
16. Informant	hour (Ma)	Autopsy results	rhich death should be charged statistically.
Address 17. (Burish, cremation, or removed W	by the thereof (month) (day) (year)	Accident, suicide, or homicide. Where did injury occur?	sh a. a. ma. (County) (State)
Location	al Jaider for		where?) James
Address 93000	H7	3. SIGNATURE L. Peyter	n Ritchings m. il.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cortex age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15



V. S. No. 1

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	CERTIFICATE OF DEATH 04684
1. PLACE OF DEATH	316
County and armedel County -	Registration Dist. No. 21
Village or City Commence Emergency Hosp	death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?
2. FULL NAME # IRAM ALUIN CUMP	7/NLS If U. S. Veteran, specify WAR
(a) Residence: No. MAYO. MD.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (while the word) Color or RACE OR DIVORCED (while the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Click E. Currynny	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 10 (867	l last saw h in alive on January 5 4 1940 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
79 5 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Anenermia - brenchical - 5-27-4
kind of work dona, as SPINNER, Weglit Watching.	£
9. Industry or business in which work was dona, as SILK MILL, Beverly Beach SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, Neglet Watchese SAWYER, BOOKKEEPER, etc. Neglet Watchese SAWYER, BOOKKEEPER, etc. Neglet Watchese SAWYER, BOOKKEEPER, etc. Neglet Watchese SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and yaar) Spent in this occupation.	
7.	Other Coutributory Causes of importanca:
12. BIRTHPLACE (city or town) Mayo . Wed (Stata or country)	Tiek-freek-
13. NAME William & Burnmug)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Otta May Gardin	23. If death was due to axternal causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) albot leo ,	Accident, suicide, or homicide? Date of Injury 19.
(State or country)	Where did injury occur?
17. INFORMANT alice E. Cumming	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Burul Date 6/9 1941	Nature of injury
19. UNDERTAKER T. A. Herduty & Sny	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salisable hed	If so, specify
20. FILED June 9, 1947 Brings	(Signed) Louis N- Miles M. D. (Address) Lotting - M. D.
If regre blanks are needed, address State Registrar,	2417 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death an of importance were as follows:	d related causes	Date of poset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	JUN II	I week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			RUREA	118
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of imp	ortance:	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04685

CERTIFICATION CONTINUES	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Repr newborn infants give residues of mother) State
3. (a) FULL NAME Lead Survey Color of race 6.(a) Single, mstried, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
6.(b) Name of husband or wife	19.7 (10.6.6.19.7)
8. AGE: Years Months Days It less then one day	Circulary futures
11. Industry or business 12. Name	Other conditions
2 15. Birthplace 16. Informant A. Cote Helfarl Braugh Address /2 Fleet St. Lunapolis md. 17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Antopay results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Amapolis mg 18. Funeral director S. B. Johnson	Where dld Injury occur?
Address Grap Constant	23. SIGNATURE Complete St. M. D. or other Address. Date signed 6. 9-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and regulary.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

04686 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Algan Con a Can
City or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Emergendy Hoofill	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Make Tripler	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Oll W single	20. DATE OF DEATH Slene 18 1947 of HATT M
	21. I CERTIFY shar death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	(Sens 8 1957, 10 (fre (8 19 4)
7. Birth date of	and that I last saw kin alive on / / / 1947.
deceased (mo., day, yr.) Justil 18	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	(/ 1/) Qualue Dorth
hrs, hrs, min.	(Cause Walstern)
9. Birthplace (Town, county, and state)	Due to S. J. Wednetes 5 / War
(1000); and 5000	
1D. Usual occupation	Due to
11. Industry or business	Marie Marie
12. Name A Children A	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name & Colon Land Land Land Land Land	
14. Maiden name a Charles And	Major findings of operations.
Day of See Top when	Date of Da
16. Informant	Autopsy results
Address W. Lynn Greek West Will spells	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
() + Va. (Orlean)	
Cemetery or crematory.	Where did Injury occur?
Location Location Location	Injured at home, farm, industry, public place (where?)
16. Funeral director, B. A. H. H. Spanis 44576	Means of Injury injured at work?
Address (Augusta alux Augusta)	a fllert (inderson us).
14 June 19 47 17 17 17 18	23. SIDNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed Col 7 45

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JUN 20 1947

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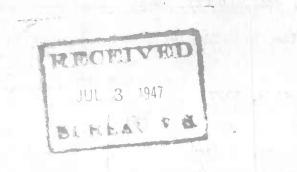
MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	19.00
City or town Annapolis (If outside city or town limits, write RURAL and give nearest town)	state Kentucky county	•••••
How long in above place of death?	City or town Owensboro (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where dealh occurred: 55 East Street	Street No. 801 East 5th Street	
	(If rural, give LOCATION) 2.(a) If veteran, name war WORLD WAR II	
How long in hospital or institution?		
3. (a) FULL NAME	3. (b) Social Security Number	
FREY, Robert Edward		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION - 20, DATE OF DEATH, OTHER LY June 28 1947 1 3	- 40
	21. I CERTIEX that death occurred on the date above stand; the half allegated decrees the	
6.(b) Name of husband or wife	Postmorteno Examination	47
7. Birth date of deceased (mo., day, yr.) April 5, 1927	Immediate cause of death DURA	TIRH
8. AGE: Years Months Days If less than one day		IIIDA
20 2 24hrsmin.	Vending result	
9. Birthplace	Due to	
	2 autoping	
10. Usual occupation	Due to and Chemical	
≅ 12. Name. William C. Frey	Other conditions reports - all regation	سد
12. Name	(ST24)	147 al
	(Include pregnancy within 8 months of death)	
14. Maiden name Unknown	Major findings of operations.	
15. Birthplace Unknown	Date of op.	
16. Informant Medical Dept. US Naval Station Memory and	Autopsy results	
Address Annapolis, Marydand 17 Removal (Burial, cremation, or removal, Which?) Date thereof July 2, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	,,
Cemetery or crematory	Where did Injury occur?	
Location Owensboro, Kentucky	Injured at home, farm Industry, public place (where?)	
18. Funeral director Ben L. Hopping and Son	Means of Injury hanging Injured at works party	- O
Address 170-172 West St, Annapolis, Maryland	23. SIGNATURE OF MINING EXAMINE	un
19 (Date rec'd by segistrar) Registrar	Address Aunaprolis Ml Bate signed 12	147



1. PLACE OF DEATH: Q. Q.

(a) Belginger City Maryland

(b) Street address.....

Madding

VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: Bodkin Creek (b) County... (If gural give location) (e) Citizen of foreign country? (Yes or No) If yes, name country..... MEDICAL CERTIFICATION 21. I certify that death occurred on the date above stated; that lattended deceased from 19 to 19 and that I last saw h/M, alive on Duration PHYSICIAN (Include pregnancy within 3 months of death) Date of operation..... Underline the Major findings of operation: cause to which death should be charged statisof autopsy: 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide acceden (City or town) (County) (d) Did injury occur about home, on farm, industrial place, in public (Specify type of place) While at work? Registrar

VS A15

W.rect age

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: ann arundel le	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	Charles 108 Catalna Road.
How long in above place of death? Sunce 1910 -	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
3.(a) FULL NAME mysta Cartle Garwood	non
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale. White. married	20. DATE DE DEATH LEN 2 19.4.7 31/2 30 P. M
6.(b) Name of husband or wife Charles B. Garyoovd.	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	may, 1947, 10 from 2 19.4%
0-1/4/04/0	and that I last saw h. 2 21/19 on 1947
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION . Corebral Homosphage 10 days.
	Bue to Carcles - Vascular Disian & Frees
9. Birthplace Mellville, New July-	Bue to Carcho - Vasculas Disiars 6 gras
10. Usual occupation	
11 Industry or hypinger as hypinger	Due to
12. Name total charles worth.	Other conditions
I 13. Birthplace her fersy -	
14. Maiden name Rachael Woolford.	(Include pregnancy within 3 months of death)
15. Birthplace new Jersey.	Major findings of operations.
16. Informant Charles B. Garwood.	Antopay results.
Address Linshum 1dts. Md.	PHYSICIAN: Please underline the cause to which death should be charged statisfically.
Removel 6/4/47	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Removal Bate thereof 6/4/47 (Burlal, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. Pleasant Com.	Where did injury occur? (City or town) (County) (State)
Location Millville, N. J.	Injured at home, farm, industry, public place (where?)
18. Funeral director WM. J. TICKNER & SONS	Means of injury Injured at work?
Address / Baltimore, Md.	23 SIGNATURE Lames S. Bellon gola Mr. D.
1/2 1/2 / 1/2	M. D. or other
19. (Date reg d by registrar)	Address & Flen Berner, Md Bate signed Dure 2, 1947

SA

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46 &

CERTIFICATE OF DEATH

Reg. Dist. Q.4621)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County a an	(For newhorn infants giv residence of mother)
City or town annaphles	State Charylon County a a
(If outside city of town limits, write RURAL and give nearest town)	City or town lamapoles
How long in above place of death?	(If outside city or swn limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occupied:	Street No. 198 Prime bee
Emergency Hospilal	(tf rural, give LOCATION)
How long in Coopital or institution?	2.(a) it veteran, name war
3.(a) FULL NAME Virginia Basil	3. (b) Social Security Number
4. Sex 5. Color or race 6. Single, married, widowed, or divorced	MEDICAL CERTIFICATION
* 11)	1/7 / h
~ warrey	20. DATE OF DEATH ALLY 19 19 19 21 0 P
6. (b) Name of husband or wife least Worrald 1. Siles In	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	184AU nH6 1 144017 1149
	1/107
7. Birth date of	and that I last saw h less alive on 19 19
deceased (mo., day, yr.) Super	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	lecute deleto m) secon. 10 hours
49 9 10hrsmin.	
a solie and	tone-deen backet hensiere
9. Birthplace	Due to
1 1	and the second
10. Usual occupation	Due to Brestruck obs men
11, Industry or business	
E tolm Basil	Bite and ligher leaves
12. Name Solm Basik	Dther conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name Tarek & Vancons	and of Course well Shlow
	all to a l'alors
\$ 15. 8irthplace Charge	Date of op. State
16. Interment Cast Wonald . Wiles. Kr	Antupsy results
0 6 180 -11-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / 9 8 Johnson Dev At Williams	22. VIOLENCE: It death was due to external causes, till in the following:
17 Burial Date thereof Inches 19/47	
(Burial, cremation, or removal. Which?) (month) (duy) (year)	Accident, sulcide, or homicide
Cemetery or crematory Nave Custing	Where did injury occur? (City or town) (County) (State)
9-	Injured at home, farm, industry, public place (where?)
Location and aparts from	
18. Funeral director B. L. Happing & Ron	Means of Injury Injured at work?
Address ann ep elis ! march	Grace @ B. 10
AUGUESS	23. SIGNATURE M. D. or other
10 June 19 10 41/1/11/11	Address aupholis on Bate signed 6-18-47
(Data read by registrer)	Address Luw July

JUN 20 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

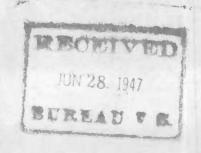
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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04691 Reg. Diat. No. 2/

A CONTRACTOR OF THE PARTY OF TH	
1. PLACE OF DEATH: Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	A A A A A
City or town (If outside city or town limits, write RURAL and give nearest to	Slate Mai y Laitu County Ailte Al Midel
(If outside city or town limits, write KURAL and give nearest to	wn) Annapolis (If outside city or town limits, write RURAL and give nearest town)
How long in above piace of death? 12 Years	
husbital, institution, or street aparess where access occurred	Sireel No. 88 College Creek Terrace
88 College Creek Terrace	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elizabeth Hall	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Single	17. 1. 15 1/7 1 1
- duate coloied childre	20. DATE OF DEATH. June 25, 19.47, 21 / A. M
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	19
7. Birth date of 2000	and that I last eaw h M alive on While 15 1947 19
deceased (mo., day, yr.) Febuary 12, 1898	Immediair cause of death DURATION
8. AGE: Years Months Days It less than one day	I Made of the control
49 4 13hrs.	min. La prelien frague 21
Lothian Md	
9. Birthplace	Due to Jose leigen , Condin . Vascula Duesons
10. Usual occupation Housewife	Infelline Corollo . I source Upstone
	Due to
11. Industry or business None	
John Hall	Dther conditions.
John Hall 12. Name Lothian Md.	
	(Include pregnancy within 3 months of death)
t4. Maiden name Ella Jones 15. Birthplace Lothian Md.	Major findings of operations.
15. Birthplace Lothian Md.	Date of op.
16 Informant Matilda Hall	
IV. IIII MARK	Antopsy results
Address 88 College Creek Terrace	
Burial 6- 27- I	22. VIOLENCE: If death was due to external causes, till in the following:
t7. Burial Date thereof (month) (day) (y	Accident, suicide, or homicide
Cemetery or crematory Asbury Cemetery	Where did injury occur?
Spa Road—Smithville Street	Injured at home, tarm, Industry, public place (where?)
Location	Laborate Description
18. Funeral director Mrs. Charles E. Hicks	2/1/1
Address 43-45 Northwest Street	23. SIGNATURE TO MANAGE AND
" Tune 27, 47 /1 Dom	M. D. or other
(Date rec'd by registrar)	Registrar Address to forther Sher Date signed 6/2 1/4



9-43-15M

VS A15

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04692 Dist. No.

			CERTIFICAT	LE OF DEATH	Reg. Diat. No	
X. PLACE OF DEATH: County Anne Arundel City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town)		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of State		. Co.		
How long in above place	of thath? 5 day	7.5	ti., Crownsville, Md.	City or town Grasonville, Mc (If outside city or town limit	ts, write RURAL and give r	
			goromievalae, au-	(If rura), giv	e LOCATION)	- X
3. (a) FULL NAM		ey hand	Y		3. (b) Social Securit	
4. Sex Male	5. Color or race Negro	6.(a)Singl	e, married, widowed, or divorced Married	MEDICAL C	ERTIFICATION	9:30A.
6.(b) Name of husband	or wileMabel	Liandy				
7. Birth date of deceased (mo., day,)			c) It alive, give ageyeara	21. I CERTIFY that death occurred on the date ab June 21 and that I last saw h im alive on June Status Ex	: 26 oilepticus	1947
8. AGE: Years	Months	Days	If lesa than one dayhrsmin.	immediate value of death		24 hours
	Oysterman.		state)	Due to. C. N. S. Lues		
12. NameUr.	nknown			Other conditions General Pares	June 21	to us since
Ad 1	Unknown			(Include pregnancy within 3	•••••	
16. InformantHOS				Autopsy results	••••	
17 Bee	n, or removal Which?	Date ther	eof July (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of	
Location	agen of the second	ville A	Jan	Injured at home, farm, Industry, public place (v	Injured at work?	-M· ()
19. 6/27 (Date/rec'd by re	19.47.		7 Kil Merrey Registrar	Address		. or other



PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland		
County Anne Arundel				
City or town		State		
How long in above place of death? 17 days		City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1143 Argyle Ave. (If rural, give LOCATION)		
Hospitat, Institution, or street address where death occurred: Crownsville State Hospital, Maryland				
				How long in hospital or institution? 17 day
3.(a) FULL NAME Alexander Haynie		a production of the	3. (b) Social Security M	Yumber
4. Sex 5. Cotor or race 6.	(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male Negro	Married	20. DATE OF DEATH. June 5		
6.(b) Name of Mark or wife		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47 19. 47		
				7. Birth date of
deceased (mo., day, yr.) unknown to us		Immediate cause of death Cerebral	Hemorrhage	DURATION
o. Au.	Days If less than one day			one day
75 ?	?hrsmin.			*******************
9. Birthplace Virginia (Town, county, and state)		General Arteriosclerosis known to us since May 19.4		
1D. Usual occupationCementplasterer		Due to		
11. Industry or business				
12. Name .Baldwin		Other conditions Psychosis wit		nown to us
13. Birthplace ?		Arteriosclerosis since May 19, (Include pregnancy within 8 months of death)		
# 14. Maiden name Margret		1947		
14. Maiden name Margret		Major findings of operations.		
≥ 15. Birthplace :		Date of op.		
te. InformantHospital Records		Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Crownsville State Hospital Maryland				
h	1 11 11.11	22. VIOLENCE: If death was due to external cau		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)		Accident, suicide, or homicide		
Cemetery or crematory Att 3 47 Clark Care		Where did injury occur?		
Bettment	931.01	Injured at home, farm, industry, public place (w		
Min Water B Malle		Means of Injury \ Injured at work?		
18. Funeral director	and the state of t	111	+	
Address \$2-2-71 John	relea Atter	23. SIGNATURE AUG TUNE	genten m.	D
10 4 mg (seeffel and			M, D. o.	rother
(Date rec'd by registrar)	Registrat	Address	Date signed	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sist especially important. Physicians: please write the causes of death clearly and legibly

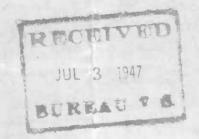
PLEASE

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Diat. No. 20.

1. PLACE OF DEATH: Comple Counded	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants gige residence of mother)
County	State Maryland County a.C.
City or town Edgewater P. C (If Liside city or town limits, write RURAL and give nearest town)	of to Do
How long in above place of death?	(If counted city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where dath occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert How all	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE COL. Widowed	20. DATE OF DEATH June 28 19 47 21 4 PM
8.(6) Name of husband or wife Rose Howard	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
	12-3-43 19 10 6-28-4719
7. Birth date of deceased (mo., day, yr.) Vularious	and that I last saw hand alive on 6 19.4
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immedia ause of death OURATION OURATION
70hrsmin.	
mid	La Dia (Part 12 Lati
9. Birthplace (Town, county, and atate)	Oue to Mart failing Villa oueles
10. Usual occupation Jalorer	
11. Industry or business, Farm, Tobasco	Oue to
# 12 Name Unlanown	Other conditions.
13. Birthplace Valences	
# 14. Maiden name Unlessan	(Include pregnancy within 3 months of death)
HE 14. Maiden name Dyslesson (1	Major fiudiags of operations.
El 15. Birthplace	
16. Informant	Autopsy results
Address Edgewater 1:0. hd.	22. VIOLENCE: tf death was due to external causes, fill in the following:
17 Laurias Oate thereof June 30-1947	Accident, suicide, or homicide
(Burial, cremation, or removal Which?)	
Cemetery or crematory AND COMPANY	Where did Injury occur?
Location Will From The	Injured at home, farm, industry, public place (where?)
18. Funeral director Co. a. Abanduly & Am	Means of Injury Injured al work?
Address Salesville M.	Co. T. Celler
10000 30 47 90 un 1800	23. SIGNATURE M. D. or other 4
19 / 10 to rec'd by registrar) Negistrar	Press / L Date signed 62 90-4



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	2411 N. Charles	St., Baltimore			
	CERTIFICATE	OF DEATH		Reg. Diat. No	28
City or town	Juda and give nearest town)	2. USUAL RESIDENCE (HOTO PROPERTY OF TOWN CITY OF TOWN (If outside city	c residence of mot	her)	rest town)
Hospital institution, or street address where death occurred	Lear 6 to the	Pireet No	(If rural, give LO		
3. (a) FULL NAME William	Howard			3. (b) Social Security	Number
4. Sex S. Color or race 6.(a) Single,	ugpried		DICAL CER	TIFICATION	85
S.(b) Name of husband or wife	If alive give age vears	21. I CERTIFY that death occurred	19	tated; that attended doce	19. ¥
deceased (mo., day, yr.) 8. AGE: Years Months Days 2 10	If less than one day	Immediate cause of death	s 44	leption	23
9. Birthplace		Bue to. James	Centr	UT.	ton
11. Industry or business	rand	Due to	Your a	godin.	ny
12. Name	forward	(Include pregn	ancy within 3 mon		
16, Informant CATA : Canada al CE	th'us popul	Aatopsy resultsPHYSICIAN: Please underline		Date of op.	statistically.
Address 17. But all Date theres (Burial, cremation, or removal, Which?)	(month) (day) (year)	22. VIOLENCE: If death was du Accident, suicide, or homicide		Date of	وسر
Cemetery or crematory.	C()	Where did injury occur?		(County) ?)	(State)
Address Anna Ball	is Ind	23. SIGNATURE LECEL	Marje	enten M	h.D.
19. June 18 19 47 2.7	Registrar	Address	3		or other

MARGIN RESERVED FOR BINDING

JUN 21 1947 BUREAU V B RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
CountyAnne Arundel		(For newborn infants give residence of mother) State				
City or town			RURAL and give nearest town)			
			months, 18 days	City or townCatonsville(If outside city or town limits,	write RURAL and give negrest	town
Hospital Institution or	street address where	death occurre	d:		William Bire Bire hearest	,
Crownsvill	e State Ho	spita.	l, Crownsville, Md.	Street No. (If rural, give I	LOCATION)	*********
		ears,6	months, 18 days	2.(a) If veteran, name war		
3. (a) FULL NAM	2				3. (b) Social Security Num	ber
	FANNIE					2
4. Sex Female	5. Color or race	6.(a)Sing	le, married, widowed, or divorced Single		RTIFICATION	7.15 D.
				20, DATE OF DEATHJune 20		
6.(b) Name of husband				21. I CERTIFY that death occurred on the date above December 2	e stated; that I attended deceased for	rom 1.7
		6.0	(c) If alive, give ageyears	and that I last saw h.er alive on June	20	195k.1
deceased (mo., day, y	(r.) Unknown			Immediate cause of death		
8. AGE: Years		Days	If iess than one day	cerebral arterioscleros	sis Known t	O US
75 ?	?	?	hrs min.		since Dec.	
9. Birthplace			0.11100.1000	~.*		
9. BirthplaceV.J.I	(Town,	county, and	state)	Due to	*****	***************************************

11. Industry or busines				Due to		
~ 1				Other conditions Senile Psychos	ie Known to	119
	Virginia		***************************************		since ecember	2. 1941
				(Include pregnancy within 3 months of death)		
		ves		Major findings of operations		
🗵 15. Birthplace	Virginia				Date of op	1
16. Informant Hos	spital Reco	ords		Anlopsy results		
	•		dospital aryland	PHYSICIAN. Please underline the cause to which death should be charged statistically		
Λ				22. VIOLENCE: If death was due to external cause	es, fill in the following:	
(Burlal, cremator) Cemetery of cremator) Location Date thereof. 5-30 (month) (day) (sear)		Accident, suicide, or homicide				
		Where did Injury occur?(City or town)	(Canada)			
				ite)		
		Injured at home, farm, industry, public place (whe	Injured at work?			
18. Funeral director	xuple of	770	apu	Meens of injury	injured at work?	1
Address Cy	vivus 6	ille	ma	23. SIGNATURE COLLEGE THE	executem !	(h.)
19. / 10	* * * * * * * * * * * * * * * * * * * *	2+3	Loyce Lotal		M, D, or oth	
(Date vec'd by re	gistrar)	()	Registrar	Address	Date signed	



Date signed ...

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Address

(Date rec'd by registrar)

2411 N. Charles St., Baltimore 30 8

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CERTI	IFICAT	E OF	DEATH

CERTIFICAT	Reg. Diat. No.	
1. PLACE OF DEATH: County Anne Arundel City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred. Crownsville State Hospital, Maryland 19 days How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newharn infants give residence of mother) State	
3. (a) FULL NAME Ida James	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced unknown to us	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 5 19 47 24:15 A	
6.(b) Name of husband or wife	and that I last saw halive on	
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of deathGeneralParesiskmown DUBJIONS sincekmy 17,194	
9. Birthplace	Due to	
12. Name	(Include pregnancy within 3 months of death) Major fieldings of operations	
16. Informant Hospital Records Address Crownsville State Hospital, Maryland	Autopsy results	
Address 17.	22. VIOLENCE: If death was due to external causes, flit in the following: Accident, suicide, or homicide	

23. SIGNATUR

Address..

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

U	4	6	9	8

CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Description of City or town. I with the county of City or town. I with the county of City or town limits, write RURAL and give nearest town) How long in above place of death? All his life. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Lamel Flavius Jenkein	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife area of the series of th	MEDICAL CERTIFICATION 20. DATE OF DEATH J
J. Birth date of deceased (mo., day, yr.) Wisself 4 - 1879	and that I last saw h
8. AGE: Years Months Days It less than one day 9hrsmin.	le monary i hnombous Sulden
9. Birthplace Food Amallward, P.O. Pasadena, Med (Town, county, and state) 10. Usual occupation. Cure hader of Food Amallward 11. Industry or business / armer	Due to
12. Name. J. enneel + fenterns. 13. Birthplace Q · a · County, md.	Other conditions (Include pregnancy within 8 months of death)
14. Maiden name Cassie Harrock, 15. Birthplace a. a. County, md.	Major findings of operations. Date of op.
Address P. O. Pasadena, ms.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, IIII in the following;
17. Burlet, cremation, or removal, Which?) Date thereof months (day) (year) Cemetery or crematory.	Accident, suicide, or homicide
Location Mountain Ref all Co	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address HV Dight Strains	23 SIGNATURE X Fauter trub in Easting M. D. or other
(Date rec'd by registrar)	Address blew Buence, 2nd. Bate signed 6/13/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

2 HOHAL DECIDENCE (LIONAE) OF DECEASED.

CERTIFICATE OF DEATH

04699 g. Dist. No. 21

1. PLACE OF DEA	In:	Amundal Co	(For newborn infants give residence of mother)	
County	WINTE	Arundel Co.	State Maryland County Anne Arundel	
City or town		is Md. limita, write RURAL and give nearest town)	City or town Annapolis Md (If outside bity or town limits, write RURAL and give nearest town)	
How long in above place of Hospital, Institution, or s	death?	doub accurred		
Hospital, Institution, or s	ort St	geath occurred:	Street No. 90 Calvert St.	

How long in hospital or i	Institution?	***************************************	2.(a) If veteran, name war	
3. (a) FULL NAME	Q13		3. (b) Social Security N	
4. Sex	5. Color or race	es Jennings	MEDICAL CERTIFICATION	
4, 36%		The second secon	//	11.16
M.	Col.	- Single	2D. DATE OF DEATH June 21, 19 47	at 4 PM
6 (b) Name of husband o	r wife	******	21. I CERTIFY that death occurred on the date above stated; that I attended decease	sed from
			June 21, 19 47 to	
7. Birth date of			and that I tast saw Italive on	t9
deceased (mo., day, yr.) 1886		Immediais cause of death	OURATION
8. AGE: Years	Months	Days tt tess than ooa day	Cardiac Fracture	111
61		hrsmin.		
1D. Usual occupation		del Co. Nr Annapolis Md. Farmer None	Oue to Hyperlegiene - Cardis Vascular Due to	
11. Industry or business				
里 12. Name		ennings	Other conditions	
≦ 13. Birthplace	Anne A	rundel Co. Nr Annapolis	Md. (Include pregnancy within 3 months of death)	
14. Maiden name	Elnora	Queen	(Include pregnancy within 3 months of death) Major findings of operations	
15. Birthplace	Unk	nown	Date of op	
	Fetelle.	Stanton	Autopsy results	
			PHYSICIAN: Please underline the cause to which death should be charged a	tatistically.
Address 90	Calvert S	t. Annapolis Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Burial	VIII.	Date thereof June 24, 1947 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory			1	
			Whera did injury occur?	(State)
Location	est St. E	xtd. Annapolis Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Mrs Char	les E. Hicks	Means of Injury Injured at work?	1
Address 45	Northwes	t St Annapolis Md.	- D23. SIGNATURE. A Sugar M. F.	
19. June (Date rec'd by reg	24 19 4 ristrar)	7 Down Registra	Address 40 Malhuel Sheet Date signed.	11.11. 7

JUN 25 1947

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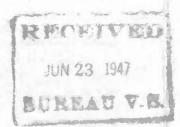
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: Anne Arundel County Crownsville, Maryland City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 year (Hospital institution or street address where death occurred: Crownsville, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Irene Johnson	3. (b) Social Security Number		
4. Sex Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION June 20 47 8:10A.		
6.(b) Name of husband or wife	21. DERING the Geath occurred on the date above that the transfer declared from 47		
7. Birth date of deceased (mo., day, yr.) November 19, 1921	and that I last saw h		
8. AGE: 25 Years Months Days If less than one day hrsmin.	June 16, 1947		
9. Birthplace	Due to		
13. Birthplace Maryland 14. Maiden name Emma Fortune 15. Birthplace Virginja	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
Hospital Records Address Crownsville State Hospital, Maryland 11. 9	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location James Liebert States Liebert Location Samuel Language Location Language Lan	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M, D, or other		
19. (Date rec'd by registrar) Registrar	Address. Date signed		



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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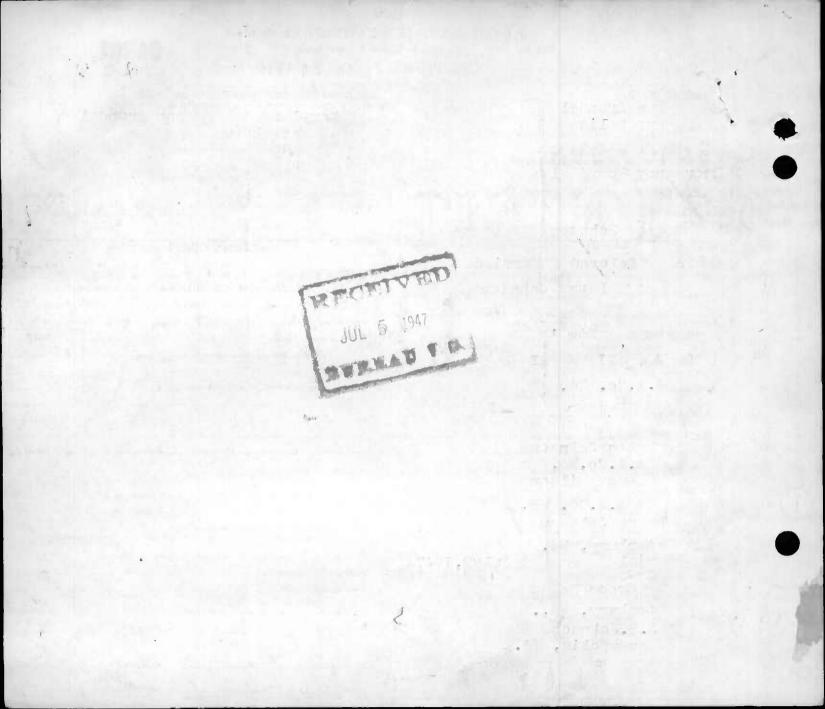
MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

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			2
Reg.	Diat.	No.	2

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Ann Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Ann Arundel Waterbury		
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Rospital, institution, or street address where death occurred: Emergency Hospital	Street No		
	2.(a) If veteran, name war		
How tong in hospital or institution?	3. (b) Social Security Number		
3. (a) FULL NAME	5. (0) Social Security Number		
Moses Johnson 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Married	20. DATE OF DEATH. 29 JUNE 1847 at 300 P.		
6.(b) Name of husband or wife. Laura Johnson	21. I CERTIFY that death occurred on the date above stated, that I attended deceased from		
7. Birth date of May 9, 1887 deceased (mo., day, yr.)	and that I last saw h		
8. AGE: Years Months Days If less than one day 21 21hrsmin.	Coronary occlusion 15 mis		
9. Birthplace	Due to		
13. Birthplace A.A.Co.Md. Lucy Wilson	(Include pregnancy within 3 months of death)		
Lucy Wilson 14. Malden name A.A.CO. Md.	Major findings af operations.		
Laura Johnson Address Waterbury, Md.	Autopsy results		
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Date thereof July2, 1947 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide		
J.B.Johnson	Injured at home, farm, Industry, pub ¹ lc place (where?)		
18. Funeral director Annapolis, , Md. Address 19. July 2, 19'47	23. SIGNATURE DO CO		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			CERTIFICATION.	L OI BEATH	Reg. Dist. Nov!	
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) (For newborn infants give residence o	OF DECEASED:	
			4	StateMaryland		
How long in above piac Hospital, institution, o Crownsvi	or street address where lle State H	onths. death occurre ospita	al, Crownsville, Md.	City or townSparrowsPoint (If outside city or town limit Street No824J. Street	its, write RURAL and give nes	arest town)
		month:	5 days	2.(a) If veteran, name war		
3. (a) FULL NAM	Joe P.	Jones	3		3. (b) Social Security	
4. Sex	5. Color or race	6.(a)Sing	rie, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Male	Negro	5	Single	2D. DATE OF DEATHJune 18		.at.9:00P
			······································	21. I CERTIFY that death occurred on the date al July 13		
7. Birth date of			(c) If alive, give ageyears	and that I last saw h.im. alive on Jur	ne 18	19.47
deceased (mo., day.			If less than one day	Immediate cause of death		DURATION
8. AGE: Year 65	?	Days	hrs min.	General Paresis	Known t July 13	o us sinc
			atate)	Due to	-	
11. Industry or busines		**************	•••••••••••••••••••••••••••••••••••••••	Due to		
12. NameUI	nknown	*************		Dther conditions		
	Unlmown			(Include pregnancy within 3	months of death)	
14. Maiden name 15. Birthplace		************	***************************************	Major fiedings of operations		,,,
					Date of op	
				Autopsy results		
			pspital, Maryland reof June 21, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external ca		12.1
				Accident, suicide, or homicide		
Cemetery or cremat	tory Mt. Calv	ary		Where did injury occur?(City or town)	(County)	(State)
Location Anna	apolis Road			Injured at home, farm, Industry, public place (where?)	
10 Funged dispates	Mrs. Rober	t Elli	ot & Daughter	Means of injury	Injured at work?	7
	9 N. Caroli			23. SIGNATURE CCC	meurten.	M.D
19. 1 1 1 19. (Date rec'd by re	19 47		e HEdnie	Address Crownsville, Mary	M. D. o	6/18/47



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DETELL	A PERSON	OF	DEA	TTT

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information carefully. The

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1. PLACE OF

3. (a) FULL NAME

Reg. Dist. No. 21 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 3. (b) Social Security Number Keech Sr. MEDICAL CERTIFICATION DURATION

male deceased (mo., day, yr.) 8. AGE: 13. Birtholace (month) (day) (year) (Burial, cremation, or removal, Which?) Greenmount Cem. Baltimore, Md. WM. J. TICKNER & SONS

Balto., Md.

Date rec'd by registrar)

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death shoold he charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following;

Accident, suicide, or homicide.....

Where did injury occur? (City or town) (County)

Injured at home, farm (adustry, public place (where?)

Means of Injury

Injured at work?

PLEASE

2411 N. Charles St., Baltimore 93d

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CERTIFICATE OF DEATH

9/

1. PLACE OF DEATH: Organized	2. USUAL RESIDENCE (HC	OME) OF DECEASED:
County	200	l court Clare a Clare
City or town(If outside city or town limits, write RURAL and give neg	State Mary Cane	County
		town lights, write RURAL and give nearest town)
low long in above place of death?	910 7	and the state of t
910 Francis Street	Street No	rural, give LOCATION)
tow long in hospital or institution?	2.(a) If veteran, name war	
	Z.(w) II received, manie was	
3. (a) FULL NAME John Well	eam / sug	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, o	r divorced MEDI	CAL CERTIFICATION
male While Marie	ed 20. DATE DE DEATH	ar 14 19 4)- 21 VC
6.(b) Name of husband or wife May E. Kan	21. I CERTIFY that death occurred on	the date above stated; that I attended deceased from
	June 10	19 4 7, to Kong 4, 1
7. Birth date of	years and that Vist saw h	in June (J
deceased (mo., day, yr.)	Immediate cause of death.,	DUR
8. AGE: Years Months Days If less than one of	day h	
79 6 14hrs.	min. Celler	al Henonlago 2
millos mullo ?	Ud. Due to	A C
9. Birthplace	(en lon un solo	Me
10. Usual occupation + Meman & Conque	real Cardin -	1/aseuler
11. Industry or business	110 has	29
12. Name Jahn Tuy 13. Birthplace Many Land	Dther conditions	1
	(Include pregnance	ey within amonths of death)
14. Maiden name Mary Bryan 15. Birthplace Mary Cayle	Major findings of operations	
15. Birtholace maker Cashal		Date of op.
mar & AR and	Antopsy results	\
16. Informant	PHYSICIAN: Please underline the	cause to which death should be charged statistically
Address 10 Trances II, Casep	22. VIOLENCE: If death was due to	external causes, fill in the following;
(Burial, cremation, or rumoval, Which?)	15 / 1 / hardent outside or homiside	
(Burial, cremation, or ramoval, Which?) (month)	day) (year)	
Cemetery or crematory	Where did injury occur?(Cit	ty or town) (County) (State)
Location assarbalis m	Injured at home, farm, industry, pub	lic place (where?)
A. A. Im Taylor	Mesns of Injury	Injured at work?
18. Funeral director	(000	1.1.
Address 147 Dake of Alberta It. a.	marcina.	1X4. Widoson St
Q 114 47 17 00 17	23. SIGNATURE	M. D. or other
19. June 10 19 7	Registral Address Wille	Date signed (Q)

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JUN 19 1947

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DURATION

Reg. Diat. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants gift residence of mother) outside city or town limits, write RURAL and give nearest town (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

(County)

Injured at work?

(Date rec'd by registrar)

RECEIVED JUN 19 1947

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	**		TE OF DEATH	Reg. Diat. No
How long in above place of d Hospital, institution, or stre	H: ide city or townsmits, write R death? eet address where death occurred		2. USUAL RESIDENCE (HOM (For newborn infantagive resid) State	TE) OF DECEASED: agee of mother Couply In limits, wright CRAL and give nearest to
How long in hospital or ins 3. (a) FULL NAME	titulion?	+ 9	2.(a) If veleran, name war	3. (b) Social Security Numb
Male 5	Color or race 6.(a) Single	e. married, widowed, ordiforced Marriel Bourses	20. DATE OF DEATH	ACCERTIFICATION FULL 29 19 47 21 4 date above figled; Shall almost an arminest and the control of the control
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years	December Days	c) If alive, givetage year year year year year year year yea	Vortmort	ero Exammation June 29.
9. Birthplace	May Lan (Town county, and	hrsmi	Due to.	ary Thronton Re
10. Usual occupation	sperments	al Station	Due to	y Releisses M
14. Malden name . d.	gens Ph	md.	Major findings of operations	Date of op
Address / LO/ 17. Burel (Burial, cremation, or	West St. G	eof July 19 194	PHYSICIAN: Please underline the cau 22. VIOLENCE: If death was due to ext Accident, suicide, or homicide	se to which death should he charged statisti ernal causes, fill in the following;
Cemetery or cremators	Escar B	eys my	Where did injury occur?(City or injured at home, farm, industry, public processing the second of the second occurs.)	town) (County) (Stat
18. Funeral director	my of	li ma	7 23. SIGNATURE Thu M.	Classe Man

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/	STATE OF	F MARYLA	ND-	CERTIFICATE OF DEATH	7117
1. PLACE OF				490	100
County an	ne nun	del		Registration Dist. No.	3
Village or City	Drookl	gn		No. The Method Stropher Start	Ward
Length of residen	ce In city or town where de	eth occurredyrs. _†	-	ds. How long In U.S. If of foreign birth?yrsme	
2. FULL NAMI	E Marga	ret m. 2	Ett	If U. S. Veteran, specify WAR	
(a) Residence:	No. 410 1	Rischie J	High	v_Str. / ' Ward.	
	, , , ,	(Usual place of abode)	- 1/	If nonresident give city or town and	State
	COLOR OF PAGE			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
2	m.	5. SINGLE, MARRIED, WI OR DEVORCED (write)		(Month) (Day)	, 191/ 7 (Year)
5a. If married, widowed, HUSBAND of (or) WIFE of	mest B	Letton		22. I HEREBY CERTIFY, That I attended	deceesed from
6. DATE OF BIRTH (mg	nth day and year)	16/1886		Mast saw help elive on 14 7	_; deeth is said
7. AGE Years	Months	/	ESS than	to have occurred on the date stated above, at 3 30 cm.	
les	0 7	/	hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:	Date of onset
8. Trade, profession kind of wor	n, or particular k done, as SPINNER, SOKKEEPER, etc.	ause Mr	1.		
9. Industry or bus	iness in which		1	al : Corosia	
SAW MILL,	one, as SILK MILL, BANK, etc			The state of the s	
10. Date deceased this occupat	ion (month end	11. Total time (year spent in this occupation	(2)		
10 BIRTURI ACE (silve	Prod	in ale-		Dther Contributory Causes of importance:	
12. BIRTHPLACE (city of (State or country)		7			
13. NAME The	chall B	ahnline			
13. NAME THE LACE (C) (State or co		tempre	-	Neme of operation	
	1 01			Whet test confirmed diagnosis?	
16. BIRTHPLACE (c	ity or town)			Accident, suicide, or homicide? Dete of injury	
17. INFORMANT	well L	estau-	-	Where did injury occur?(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ic) .ACE.
(Address)	U OR PENACUAL		/		
18. BURIAL, CREMATIO	and tell	Date 6/12/2	47,9	Manner of Injury	
riace	7.01	1.	1	Neture of injury	
19. UNDERTAKER	John Ay 3	phery to	To	24. Was diseese or injury in any way related to occupation of deceased?	
- ()	121	201 11		(Signed) Commel Bully	M, D.
20. FILED.	(1., 19.4.7	a. W. Hea	Registrar.	(Address) 205 Balabseo a	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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correct age

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) Stale County August Dark (if yor town Level Land Dark (if outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) if veleran, name war.
3. (a) FULL NAME Mary Diransis Manns	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fernall colored widow	MEDICAL CERTIFICATION 20. DATE OF DEATH 1847 of 7/1/4 G
6.(b) Name of husband or wife Lecture C. Massus 8.(c) If alive, give age years 7. Birth date of deceased (mg., dey, yr.) 1875	21. I CERTIFY that death occurred on the date above stated; that a wended deceased from 18 to 19 to 1
8. AGE: Years Months Days If less than one day 72	Corelal Jewonlage Tund
10. Usual occupation	Oue to
12. Name Joshua Henson 13. 8irthplace AA. Co.	Other conditions
16. Informant William Henson	Major findings of operations
Address 890 Sandew act, Ballings, mg. 17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, euicide, or homicide
Location Levels Arab Park M.C. 18. Funeral director A.C. Thursday	Where did injury occur?
Address June 15 19 47 Reciptor	Date signed Dely To Curderson My. M. D. or gener y

W

JUN 19 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

CERTIFICATE OF DEATH

047496 Reg. Dist. No. 20

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Jack County & as
City or town	Side Control Control
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
/	Street No(If rura), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex / 5, Color or Each 6.(a) Single, married, widowed, or divorced	
mede . Nite	MEDICAL CERTIFICATION
75 Was 1/ hished	20. DATE OF DEATH. 100 9 19.47, at 1:364, M
Bodo Ella	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husbaod or wife.	may 2 t 19 47, 10 [strat 9 19 4]
7. Birth date of	and that I last saw h Anna alive on Jaland 9 19 42.
deceased (mo., day, yr.) 0 ct 28 187/	
8. AGE: Years Months Days If less than one day	Charles Manager hand
75 7 //hrsmin.	
	· · · · · · · · · · · · · · · · · · ·
8. Birthplace (Town, county, and state)	Due to Musicular
10. Usual occupation Walerman	Due to arturulurus
11. Industry or business Oepleyman	
12. Name Wrs. S. Marshall 13. Birtholace Med	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Olevelland Roccessor	Major findings of operations
\$ 15. Birthplace Wide	Date of op.
16. Informant Orose Ella wassinle	Autopsy results
0 0 . 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Quali her	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremution, or removal. Which?) Date thereof (mouth) (day) (year)	Accident, sulcide, or homicide
[T w 1.]	
Cemetery or crematory	Where did injury occur?
Location Troleys hed	Injured at home, farm, Industry, public place (where?)
T. D. M. 1 1, 4 S. M.	Means of Injury Injured at work?
18. Funeral director	
Address Sexul Les	Frail & Julyon hD
Land 10 any OB North	23, SIGNATURE M. D. or other
Onto rec'd by registrar) Registrar	Address Lo Gray Md. Date signed 6/10/47.

RECENTARD

JUN 12 1947

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rrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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CERTIFICATE OF DEATH

County Cleu Surses Cily or town (If outside city or town limits, write RURAL and give nearest town) How long In above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infents give residence of mother) State
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Richard Martin.	3. (b) Social Security Number 215-01-2600
4. Sex School of tace School of the State of	MEDICAL CERTIFICATION 20. DATE DF DEATH 20. DATE DF DEATH 20. DATE DF DEATH
6.(b) Name of husband or wife Tillian Martin. 6.(c) If allve, give age 48 years	21. I CERTIFY, that death occurred on the date abord stated; the Latindes is covered from
7. Birth date of deceased (mo., day, yr.) May 18. 1882	Immediate care of death DURATION DURATION
8. AGE: Years Months Days If less than one day 6.5 O /6hrsmin.	Immediate cause of death
9. Birthplace	Due to
11. Industry or busings. Older Crast Guard Sta. Ret.	Due to Granary Selection without
13. Birthplace Arme Armeld Co., Md	Other conditions
14. Maiden name. Dallas Faither. 15. Birthplace Harmais Anne Armale Co., Md	Major findings of operations
16. Informant Mars Fulliai Martin	Autopsy results
Address 17 Buyia (Burial, cremation, or response). Which?) Date thereot. Tune 6, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Cemetery or crematory Glen Haven	Where did injury occur?
18. Funeral director Lomes W. Singston	Meens of Injury Injured at work?
Address Glen Burnie Mt.	23 SIGNATURE Thu M. Laffy M.D. Exeumer
19 June 4: 19 47 Medla Registrar	Address Annafolis Me Date signed 8/3/47

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JUN 6 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9 40

CERTIFICATE OF DEATH

ist. No. 21

. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Ounly	State County County County City or town (If outside city or town limits, write RURAL and give nea	untel
low long in above place of death?	Street No. (If rural, give I&CATION)	
low long in hospital or Institution?	2.(α) If veteran, name war	
damuel aaron	martin 3. (b) Social Security 1	Number
I. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MWM	2D. DATE DF DEATH	at 30
S.(b) Name of husband or wife Eleanor marlin	21. I CERTIFY that death occurred on the date above stated; the Lattended decea	
	19, 10	19
Birth date of deceased (mo., day, yr.) Lent. 10, 1910	anu tilat i jast saw ii	
B. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
36 10 13min	Cormany thombosic	***************************************
B. Birthplace	Due to.	***************************************
10. Usual occupation	Tue to	***************************************
11. Industry or business U - S - M - A ,	500 (0.	
12. Name Caria lunford martin	Dther conditions	***************************************
13. Birthplace Lymnage flustleff	(Include pregnancy within 3 months of death)	
	Major findings of uperations.	
	Date of op.	
16. Informant Me. Cleanor Martin	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address 16 muray ar. 36.194	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or remotal, Theorem	Accident, suicide, or homicide	
Cemetery or crematory. That church	Where did injury occur?	(State)
Location Gloncester Va	Injured at home, farm, Industry, public place (where?)	
	Means of injury . Injured at work?	

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JUN 25 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore | 24

CERTIFICATE OF DEATH

Reg. Dint. No.

A DILLOR OF DELL	TII			1 2 HOUAT DECIDENCE (LIONE) OF	E DECEASED.
1. PLACE OF DEATH: Quantal				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
· ·			,,	State Md. Cou	inty
City or town			tURAL and give nearest town)	City or town Bay Ridge	
How long In above place of death?			 I.	City or town Bay Ridge (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred: Emergency Hosp.				Street No. 96 River Dri	
				2.(a) It veleran, name war	
How long in hospital or institution?			•••••••••••••••••••••••••••••••••••••••	2.(3) II Ididay want hat	
3. (a) FULL NAME		Н	ENRY JACOB NEEBE		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
male	white	100	married	20 DATE OF DEATH Gune	5 19 47 at 6 a.
	Wi -	-inia	Nacha	21. I CERTIFY that weath occurred on the date abo	
6.(b) Name of husband or	r wife V I I	ginia	Neebe	an	17 10 Auna 5 10 4)
7 Bilb dala ak		в.(c) If alive, give ageyears	and that I leet now be said alive on A	Last (5 - 18 4)
deceased (mo., day. yr.	Au	g 29,	1879	Immediate cause of death.	
8. AGE: Years	Months	Oays	It less than one day	Curtoris of a	Even 14er.
68	3	6			77
D'	hiladalnh	ia Pa		Due to.	
			state)		
10. Usual occupation	Sales M	gr.		Due to	
11. Industry or business	Marylan	d Bisc	uit Co.	-	
E 12. Name Conrad Neebe				Other conditions Certeuro Seles	ned [inel / Ludonon
I 13. Birthplace Germany					
		-		(Include pregnancy within 3	
E 14. Malden name. Amelia Hackett Philadelphia 15. Sirthplace			a.	Major findings of operations	
≥1 15. 8irthplace	Mrs. Virg	inio M	coho		Oate of op
16. Informant				PHYSICIAN: Please underline the cause to w	Lish double should be shapped statistically
Address 96 River Drive, Bay Ridge			, Bay Ridge		
Annapolis, Md.			polis, Md.	22. VIOLENCE: If death was due to external cau	
17. Burial Date thereof 6/7/47. (Burial, cremation, or removal. Which?)				Accident, suicide, or homicide	
Cemetery or crematory Druid Ridge Cem.			Cem.	Where did injury occur?(City or town)	(County) (State)
Pikesville, Md.			, Md.	Injured at home, farm, industry, public place (w	here?)
		TICKNE	R & SONS	Means of Injury	Injured at work?
18. Funeral director					0 1
Address Balto., Md.			0., Md.	- 23. SIGNATURE Gengl C.	Bosch
10 6/5	19 K	> 4	· W. Hedre		M, D, or other
(Date fee'd by reg	atrar)	Fi	Registrat	Address ampros	m) Date signed 6 - 5. 4/

PLEASE WRITE PLAINLY

1. PLACE OF DEATH:
County...Anne...Arundel

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30 &

Re 04713

CERTIFICATE OF DEATH

K	eg. Disc. 140
2. USUAL RESIDENCE (HOME) OF DECEA (For newhorn infants give residence of mother)	SED:
State Maryland County	***************************************
City or town Baltimore (If outside city or town limits, write RU	URAL and give nearest town)
Street No. 826 N. Vincent	
(If rural, give LOCATIO	(N)
2.(a) ft veteran, name war	V
3.(b)	Social Security Number

	22		
Crownsvi	Lie State H	ospita	l, Crownsville, Md.
		onths,	12 days
B. (a) FULL NA	The second second		
	Joseph		
. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced Widowed	
Male	Negro		
en en evillage	200 202	Eva	4
5.(b) Name of husb	and or wifeUnion	OMI	
. Birth date of			c) If alive, give ageyears
deceased (mo., d	UIIIIUWII		3 1903
J. 1102.	ears Months	Oays	If less than one day
43	?	?	
1. Industry or bust	laborer Joseph Ne	elson	
1. Industry or bus	? Joseph Ne	elson	
1. Industry or bus	? Joseph Ne	elson	?
1. Industry or bus	? Joseph Ne	elson	
12. Name	ness 7 Joseph Ne 7 Md. 8 Eliza	abeth '	? Md.
1. Industry or busing the state of the state	ness ? Joseph Ne ? Md. me ? Eliza ? lospital Rec	abeth '	? Md.
12. Name	ness ? Joseph Ne ? Md. Received: Received: Statement of the Statement of	ords	Md.
11. Industry or busing the state of the stat	ness ? Joseph No ? Md. Reliza ? Cospital Recommoville Sta	ords Oate ther	Md. Boital Maryland cot (month) (day) (year)
11. Industry or busing the state of the stat	ness ? Joseph No ? Md. Reliza ? Cospital Recommoville Sta	ords Oate ther	Md. Boital Maryland cot (month) (day) (year)
12. Name	y Joseph No. Pliza Recommendate Recommendate State Incomplete S	ords Oate ther	Md. Boital Maryland cot (month) (day) (year)
11. Industry or busing the state of the stat	ness ? Joseph No. ? Md. ? Eliza ? lospital Recommendate State Lion, or removal, Whiteh?) matory Whitehal	ords Oate Hos Oate ther	Md. spital Maryland eol (month) (day) (year)
12. Name	Joseph No. Pliza Recommendate Recommendate Interpretation, or removal, Whitehall	ords ate Hos Oate ther	Md. Boital Maryland col (month) (day) (year) www.
12. Name	Joseph No. Pliza Recommendate Recommendate Interpretation, or removal, Whitehall	ords ate Hos Oate ther	Md. Boital Maryland col (month) (day) (year) www.
11. Industry or busing the second of the sec	ness ? Joseph No. ? Md. ? Eliza ? lospital Recommendate State Lion, or removal, Whiteh?) matory Whitehal	ords ate Hos Que ther	Md. spital Maryland ent (month) (day) (year) wrn Villeter der SP

MEDICAL CERTIFICAT	ION
20. DATE OF DEATHJune 12	19.47 at 1:25 P
21. I CERTIFY that death occurred on the date above stated; that I at March 1 19.41 to Jun and that I last saw h in alive on June 12	ne 12 19.47
Immediate cause of death General Paresis of the	DURATION
C.N.S.	
Due 10.	reh 1, 1947
Due to	***************************************
Other conditions General Paresis of the C.N.S. (Include pregnancy within 3 months of death)	9
Major findings of operations.	
	f op
Autopsy results	e charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the follow	ring:
Accident, suicide, or homicide	
Where did injury occur? (City or town) (Counts	(State)
Injured at home, farm, Industry, public place (where?)	•••••••••••••••••
Means of Injury finjured at	

......Date stgned.....

CERTIFICATE OF DEATH

0	2	9	
7	0	C	

Reg. Diat. No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County anne Urundet	State Md. County Q Q.
City or town(If outside city r town limits, write RURAL and give nearest town)	0 11
How long in above place of death?	City or town (tf outside city or twn limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rursl, give LOCATION) 2.(a) tf veteran, name war
How long In hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
alphones I putwell	none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married	20. DATE OF DEATH
5.(b) Name of husband or wife. Julia adella Nutivell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 24 19 4/
7. Birth date of 200 1-0 1000	and that t tast saw h 141 alive on JUNE 19 19 4
deceased (mo., day, yr.) 8 A.C.F. Years Months Days If less than one day	Immediate cause of death DURATION
0. AGE.	Coronary deslision
6) 2 //hrsmin.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9. Birthplace Town, county, and state)	Due to present with a culto
10. Usual occupation Farmer and veteriorism	Olliene.
	Que to
11. Industry or business Farming	
12. Name Eclivers millwell 13. Birthplace Lothism hid	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Jane Minnicks 15. Birthplace Baltishore City a hed	Major findings of operations
\$ 15. Birthplace Baltishiole City, fred	Date of op.
16 informant Iselia a. nutively	Autopsy results
Address & Sudley hed	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 (121/11)	22. VIOLENCE: If death was due to externat causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Lothern	tnjured at home, farm, Industry, public place (where?)
TX 11 and today	Means of Injury Injured at work?
18. Funeral director	St and
Address Juliave Ala.	B3. SIGNATURE O Sui fact
June 20, 47	M, D, or other
(Date rec'd by registrar)	Address Cas your Mary land Date eigned 6/19/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 870

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	(For newborn infants give residence of mother)
ounty U - U Co	Maryland and alaca
ty or town	
(If outside eith or town limits, write RURAL and give nearest town)	Lifty of town
long in above place of death?	(If outside city or to in limits, write RURAL and give nearest town)
pilal, institution, or street address where death occurred:	10 Mades an street
o Median Street	Street No
	(II rural, give LOCATION)
long in hospital or institution?	2.(a) If veteran, name war.
(a) FULL NAME	3. (b) Social Security Number
Mary ann o	
5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I IV War	(1 0 13 47 00
T V Color	2D, DATE DF DEATH. All 3 19 4 at 9 5
Marca Rashings	21. I CERIFY that death occurred on the date above stated; that attended deceased from
) Name of husband or wife.	1100 1 100 Sene 12 4
5/3/1870 6.(c) If alive, give age	660 fort 18 40 10 June 13 19 4
Birth date of	and that I last saw h
eceased (mo., day, yr.) 3/3/1870	
	Immediate cause of death DURATION
GE: Years Month's Days If less than one day	
77 3 10hrs.	min. Caralyses alerton Suca
a di ma	
anneces Maryla	Due to.
(7 own, county, and atate)	
occupation	Due to
lustry or business	
1211) At Brances	The second to the second that
Name	Dither conditions
Birthplace	(Include pregnancy within 3 months of death)
4. Maiden name	
	Major findings of operations.
. Birthplace	Date of op.
nu. Dol P	
ormant MAD. Brakery agenco	Autopsy results.
a	PHYSICIAN: Please underline the cause to which death should be charged statistically.
dress anapears, Margian	22. VIOLENCE: If death was due to external causes, fill in the following;
1 . N. 1/17/4	
durial, cremation, or removal, Which?)	Accident, suicide, or homicide
urial, cremation, of femoral, without	
metery or crematory	Where did Injury occur?
B SOUND MAN	
ocation	Injured at home, farm, Industry, public place (where?)
1. La Maria	Means of Injury Injured at work?
Funeral director	
and and all of the bar la	ella Man Man
idress with the same of the sa	of SIGNATURE Sense C Pock
1 117 11	M. D. or other
June 16 19 4/ 1/1	we december or 6.10".
(Date rec'd by registrar)	gistrar Address

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JUN 19 1947

BUREAT 8

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 IV. Charles St., Battimore

St., Baltimore

04716 Diat. No. 26

-,	ERTIFICATE OF DEATH	Reg. Diat. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOM	IE) OF DECEASED:
County L. La	State Mar Englagar	the see the del
City or town	give nearest town)	Line Glack
How long in above place of death? 10 years.	City or town(If outside city or tow	milits, write-RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Aualiel	Shorex
	Sileet Ru	ai, give LOCATION)
How long in hospital or institution?	2.(a) it veteran, name war	
3. (a) FULL NAME	0.0	3. (b) Social Security Number
1.11. H. VIII X	Juniones-	577-10-8137
4. Sex 5. Color or race 6.(a) Single, married, Wil	2000000	AL CERTIFICATION
	- /	
Male white Ill ass	20. DATE OF DEATH. ALL	L 22 1847 5.40Pm
6.(b) Name of husband or wife Militar De Miles	21. I CERTIFY that death occurred on the	date above stated; that lettended deceased from
	Value	1846, 10 June 22, 184
7. Birth date of &c. 1. 15, 1905	e ageyears and that Hast saw halive on	January 22, 18.47
deceased (mo., dsy, yr.)	Immediate cause of death	DURATION
8. AGE: Years Months Days If less th	an one day Allast Fr	ilase 3 kaya
46 11 12	Mrs. Mesheraler	y backers
	so out	exister 2 minus
9. Birthplace Truck Rown (county, and state)	Due to	
10. Usual occupation Intende	ald all	addle south
	Due to	11.11.60120 9
11. Industry or business	The fifteen coll	
E 12. Name Charles Omin	Diher conditions	
13. Birthplace Charlegelle go	Mex.	rithin 3 months of death)
14. Maiden name Destructe 186	nee	
H 14. Maiden name Desputation 18	Major findings of operations	
≥1 15. Birthplace		Date ot op
16. Informant	Autopsy results	se to which death should be charged statistically.
Address Lacelle In aslace	HILL.	
Burn D. S.	25 47 22. VIOLENCE: If death was due to ext	
(Burial, cremation, or removal) Which?) Date thereot	, tally (sally)	Date of
Cemetery or crematory Largento Chap	Where did Injury occur?	town) (County) (State)
Pung man Ill		place (where?)
Location August	Means of Injury	Injured at work?
18. Funeral director	Munico Williams	
Address Quinas mid	1/1/1	Jelon and
7	23. SIGNATURE	M, D, or other
19 June 15 18 49 Jace	or Kulchers Shelmin	LAN Date signed V/22/47
(Date rec'd by registrar)	Registrar Address	Park Signed Date Signed



Sorry., I over looker FOR ED when I sent the 1947 other form in & Hutchine

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

e .			CERTIFICA	TE OF DEATH Reg. Dist. No. 28
How long in above place of Hospital, institution, or second company the company that the co	trundel syille tside city or town list death? 21 yesteret address where State Ho Institution? 21 yesteret	death occurred	draL and give nearest town) months, 2 days , Grownsville, Md months, 2 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Naryland County City or town. altimore (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
	Rosie F		e, married, widowed, or divorced	
4. Sex Female	Negro		rried	MEDICAL CERTIFICATION 20. DATE OF DEATH JUNE 18 1947 21 11:05A
5.(b) Name of husband o 7. Birth date of deceased (mo., day, yr.		mes Pr	YOYyear	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years	Months	Days	It less than one day	Known to us since
1D. Usual occupation	Haundress	.	state)	Due fo
	Unknown			Known to us since (Include pregnancy within 3 months to with ber 16, 1925 Major findings of operations
	or removal, Which?	te Hos	pital, Maryland eof 6 30 4) (month) (day) (year) Aut. Attl Ynd.	Actopsy results PHYSICIAN: Ptease uoderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93

FRTI	FIC	ATF	OF	DF	ATH

Reg. Dist. No.

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County.	State Md County a. a.
City or town (If outside city or town limits, write RURAL and give nearest town)	1/1/200 / 222. 10
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 25 Washward (If rural, give LOCATION)
	2.(a) If veleran, name war.
Now long in hospital or institution?	3. (b) Social Security Number
	meley
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Timale White Widowed	20. DATE OF DEATH. Jeane 2 2/ 19.4.) , st. 8 P. M
8.(6) Name of husband or wife Edwin Renelsy	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	0-1 -11
deceased (mo., day, yr.) Tuly 10 th 1875	Imprediate cause ut death DURATION
8. AGE: Years Months Days It less than one day	Musomande dis muit
7/ 10 YYhrsmin.	myrachiel mufping when
9. Birthplace Balts MA. (Town, county, and state)	Due to.
	arluer Schemin ark
10. Usual occupation. Tous wie fr	Due to
11. Industry or business at Vouce	
12. Name Sinjumus F. Aula 13. Birthplace Balto Mil.	Other conditions Chr. Cheumalie aucht 6 years
0.4	(Include pregnancy within 8 months of death)
14. Malden name ath ring a, W. Clark 15. Birthplace Balto, Md.	
15 Rithplace Balto Md.	Majur findings of operations
Mr. Malaria M Grasell	Autopsy results.
18. Informant	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address Cease vincey 6/5/45	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, ormation, or samoval, Which?) Dale thereot (month) (day) (year)	Accident, suicide, or homicide
Cometery of orematory Mt. Olivest	Where did injury occur?
Brot. Mel.	Injured at home, tarm, industry, public place (where?)
Localion (al 100 · C. A.)	Means of injury / injured at work?
18. Funeral director. Unkles and Oott Sile.	0 .0
Address 1217 St. Vaul St.	23. SIGNATURE Leagl C / Joel
went 4 , 47 P. W. Hehrel	M. D. or other
(Chte rec'd by registrar) Registrar	Address Cuffers Date signed 6 - 2. 4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

04719,

CERTIFICA	IE OF DEATH Reg. Diat. No
I. PLACE OF DEATH: arendel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State Mary County County Chundel
How long in above place of death?	City or town town time's, write RURAL and give nearest town)
Hospitat, institution, or stroot address whore death occurred:	Stroet No
How long to hospital or institution?	2.(a) If votoran, name war
3.(a) FULL NAME William J.	Russell 3. (b) Social Security Number
4. Sex Male 5. Cotor or race 6.(a) Single, married, widowed, or divorced Midower	MEDICAL CERTIFICATION
mace of the former	20. DATE OF DEATH
6.(b) Namo of husband or wite Newwella Tusull	21. I CERTUS that dealt occurred on the date above stated; that salended deceased from
7. Birth dato of	and that I last saw the latter on Stone 18 1947
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It ioss than one daymin.	Queta Artalolar 3 the
pot is med	Bue to Class Sunskal
9. Birthplace(Town, county, and state)	Due to
1D. Usual occupation.	Due to
11. Industry or business	- Pantin Ferral 240
12. Namo Will W. Tustell 13. Birthpial Delaware	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maldon name Usan Whorlow 15. Birthplace THU	Major findings of operations
15. Birtholace Record	Date of op.
18. Informant 13.42 Mer 7 17 Consent of M	Antopsy results
Address / 303 / Lat 11 . Compete //	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bate thoroof (ponth) (day) (year)	Accident, suicide, or homicide
Comotory or crematory	Where did injury occur? (City or town) (County) (State)
Location Jackerson Jackers	Injured at home, farm, industry, public place (whore?)
18. Funeral director.	Means of Injury tnjured at work?
Address Umuffeld, Md.	- D23 SIGNATURE () UP X 1- WHO FOR W)-
19 June 15, 19 47 / / Dance	M. D. or other M. D. of 134
(Date rec'd by registraft) Registraft	Address Date signed

W.

JUN 19 1947

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CERTIFICATE OF DEATH

0	4	720,
Reg. Diat.	No	

(_	TE OF DEATH Reg. Dist. No.
1. PLACE OFFICE ATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For Appear Infants give residence of mother) State City or town. (If out-the city or town limits, write RUBAL) and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Minnie Ruth	3. (b) Social Security Number
4. Sex Sexuale S. Color or race 6.(a) Single, married, widowed, or divorced White Wedowed	MEDICAL GERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH MEDICAL GERTIFICATION 40 7 8 7 8 7 8 7 8 7 8 7 8 8
6,(b) Name of husband or wife. College	21. I CERTIFY that death occurred on the date above street increase a second at corn. Banks increase a common from Survey at corn. Banks increase a common from Survey 29, 18.4.7.
8. AGE: Rears Month Day If less than one day	Immediata cause of death DURATION Alute delata from J Heart Rudden
9. Birthplace	Due to Asterior Sclerosis
11. Industry or business 12. Name Rucht Rupera 13. Birthplace	Due to
14. Maiden named Clumbuscours	(Include pregnancy within 3 months of death) Major fiadings of operations.
16. Información Myllorya Bettien Address 2900 Covalie Cov	Autopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Hudan Jaul	(City or town) (County) (State) Injured at home, farmaindustry, public place (where?) Meens of injury Injured at work?
Address 6067 Harfyed Rd	23. SIGNATURE The M. Claffy M.D. Medical. M. D. or other
19. (Date ree'd by registrar) 19. Registrar	Addrew Amapoles, md. Date signed 6/29/45

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PLEASE W

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9401

04721

CERTIFICATE OF DEATH

Be Diat. No. 21

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF SEAH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For the principle of mother) State
3. (a) FULL NAME David S. Rutt A Sex . 5. Color or race 6. (a) Single Married, widowed, or divorced	3. (b) Social Security Number 2/3-05-0337
Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. DATE OF DEATH 24. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: the consequence of the conseq
8. AGE: Years Months Days If less than one day 3/ 2/	Due to. Oronary Embolism
10. Usual occupation	Due to Cononary Seleroses Other conditions Was Belling in
12. Name Sulandy Tepsaska 13. Birthplace Socilardy Tepsaska 14. Maiden name Emma mucker 15. Birthplace Mest Likerty; Pho	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Mest Tiperty of to	Date of op
Address 4303 Mentworth John 17 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Antopsy results
Cometery or crematory January Cometant	Where did Injury occur?
18. Funeral director Address Address 19. Update rect by registrar Registrar Registrar	M. D. or other M. Address Bate signed 6/28/47



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V. S. No-1

state of OCCUPAplnous PHYSICIANS Exact statement A PERMANENT REC classified certificate. properly WITH UNFADING INK-THIS AGE should back See instructions on mation should be carefully supplied. CAUSE OF DEATH in plain terms, TION is very important. -WRITE PLAI

MOTHER

15. MAIDEN NAME

19. UNDERTAKER

(Address)

(Stata or country)

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH 04722
1	. PLACE OF DEATH		13100
	county ame are	ruder	Registration Dist. No.
	Village or City Clevensul		No. St. Ward
		(If	death occurred in a hospital or institution, give its NAME instead of street and number)
			ds. How long in U.S. if of foreign birth?yrsmosds.
2	. //	- E	white If U. S. Veteran, specify WAR.
	(a) Residence: No. Wuf	Rins, Ind.	St., Ward. If popresident give city or town and State
		(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
-	PERSONAL AND STATISTICAL		21. DATE OF DEATH
1	Ex 4. COLOR OR RACE 5.5	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Vear)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of William SA	herbert-	22. I HEREBY CERTIFY, That I attended deceased from
6. 1	DATE OF BIRTH (month, day, and year)	il 28, 1860	I last saw h L alive on June 16 , 19 47; death is said
7	AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
	87 1	79 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOI	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	me-	Bimilio priemmia
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Chimie myocardites
S	10. Data deceasad last worked at this occupation (month and yaar)	11. Total time (years) spent in this occupation	
12.	BIRTHPLACE (city or town)		Other Cantributory Causes of importanca:
n	(Stata or country)		hypulinim
FATHER	13. NAME JUMESIA D	ance	artiuselioses
FAT	14. BIRTHPLACE (city or town)	w. ma.	Nama of oparation
	(Stata or country)		What test confirmed diagnosis?

23. If death was dua to external causas (VIOL ENCE) fill in also the following:

(Signed) Limity H. Linkson

(Address)

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Exa	imple II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dea of importance were as foll-	ath and related causes ows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	CHARLES AND ALL ALL	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	100 C 10 24	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	200 1812	3 days ago
			JUN 20 134	
Other contributory causes of importance:		Other contributory causes	of importance:	53
Gallstones	May 1,1923	Gastroenteritis	A STATE OF THE PARTY OF THE PAR	1 year

ADDITIONAL	SPACE FOR FUI	RTHER STATE	MENTS BY PHYS	SICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

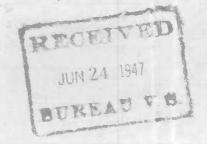
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(A) MARGIN RESERVED FOR BINDING

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CERTIF	TOATE	OF	TOTAL OF THE
CERIF	IL.A I P.		DEATH

	CERTIFICAT	TE OF DEATH Reg. Dist. No
he corribily	1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboyn infants give residence of mother)
lly. T	(If outside city or town limits, write RURAB and rive nearest town) How long in above place of death?	State County Cou
carefu arly a	Hospital, Institution, or street address where death occurred:	(If outside city or four limits, write RURAL and give pearest town) Street No. (If rural, give LOCATION)
ion	How long in hospital or institution?	2.(a) If veteran, name war
information carefully. The of death clearly and legibly	3.(a) FULL NAME NDREWSSTENG	ER. 3. (b) Social Security Number
n of in uses of	4. Sex S. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
ly every item of write the causes	6.(b) Name of husband or wife. MARY. STENGER	21. I CERTIFY that death occurred on the date above stated; that I eliended deceased from
y ever	7. Birth date of deceased (mo., day, yr.) MARCH-19/868	and that I last saw h
0.	8. AGE: Years Months Days I fless than one day 3 hrshrs.	Supers day
ADING INK. Supl Physicians: please	9. Birthplace (Bown, county, and state)	Due to The popularies 1. 0/1/80
ING	10. Usual occupation	Due to.
Tr.	12. Name not known 13. Birthplace Mot known	Diher conditions
4-0	14. Maiden name. Mod Henouse 15. Birthplace Hob Amount	(Include pregnancy within 3 months of death) Major findings of operations
	ANDRAW & PTENCED On.	
VLY ciall	Address WATER OAK POINT PASADENAL	Autopsy results
PLAINLY, is especially	17. SURIAL Date thereof 5-23-47 (Burisl, cremation, or removal. Which?)	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
	Cemetery or crematory HOLY GROSS CEMETERY	Where did injury occur? (City or town) (County) (State)
WRITE	Location and a Co	Injured at home, tarm, industry, public place (where?) Means ot in Injured at work?
PLEASE	Address 121 & WEST STS -	23. SIGNATURE PM Witto & Kazi.).
PL	19. Pate rec'd by registrar) 19. 47. Soland Velulary Registrar	Address Research Land Land Bate signed Man Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77 d.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Classe Crewdel	(For newborn infants give residence of mother)
	State Mary land county Issue aunder
(If outside city or town limit, write RURAL and give nearest town)	State
	City or town Garling
ow long_in above place of death?	(If outside city or the limits, write RURAL and give nearest town)
ospitant) stitution, or street address where death occurred:	Sireel No. 406 Obard
Comergency Hospi.	(If rural, give LOCATION)
ow long in hospital or institution?	2.(a) If veteran, name war
(a) FULL NAME Cosche Toll	3. (b) Social Security Number
Sex 5 Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
one I had one in	MEDICAL CERTIFICATION
Mare wir. Married.	20. DATE OF DEATH JULY 15 1947 21 W188 12
0 11 41	2D. DATE OF DEATH LENE 1947 21 W188 H
(b) Name of husband or wife Sertha Velfer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(O) Name of nusoand of Wife	June 16 18 47 10 June 18 1947
	Name
Birth date of	and that i last saw h. 19 19 19 19 19 19 19 19 19 19 19 19 19
Deceased (mo., ua), yiii	Immediate ask of death suchise Juliure DURATION
. AGE: Years Months Days If less than one day	Shranie, alestalming
43 1 5	
42 / 3hrs.	min. 7
Soft and	
Birthplace(Town, county, and atate)	Due to
7 /	
Usual occupation Saul armed	Due to
Industry or business american Och Co-	
12. Name Daniel Jeger 13. Birthpiace Scotland	Dther conditions
13. Birthplace Scotland	
	(Include pregnancy within 3 months of death)
14. Maiden name Elizabeth Stewart 15. Birthpiace Statland	
16 40 1	Major fieddings of operations
15. Birthplace	Dale of op.
Man Butter Toller	Actopsy resolts
, informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 406 Stand St. Carlhort	I III O ICANIT, I least underime ime cause to which neath should be that get statistically.
B. A. J. A. IC	22. VIOLENCE: If death was due to external causes, fill in the following:
Oder al Date thereof the 2/-/	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Glan Fraven Memoria	Where did Injury occur? (City or town) (County) (State)
an a mind	
Location They June Great	Injured at home, farm, Industry, public place (where?)
(last menter of	Means of injury Injured at work?
8. Funeral director	
(1/1) m to 11 has A	XT X /
Address / Company of a	23. SIGNATURE
T. 21 1/7/1000	M. D. or other
9 Line of 19 7 // - 7	strar Address Carefut Mid Date signer 18947
(Date rec'd by registrar)	strar Address Date signed.

JUN 24 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Be Reg. Diat. No. 21

Control of the contro	1. PLACE OF DEATH: ann arendes.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
The stated extra crown limits, write RURAL and grave nearest town) Respital, institution, or street address where death occurred: Respital, institution, or street address where death occurred. Respital, institution, or street address was a street address of the street address of the street address occurrity. Respital, institution, or street address was a street address occurred. Respital institution, or street address was a street address of the street address of the street address occurred in the state street. State I street address occurred in the state street in the state street. In the street address occurred in the state street in the state street in the state occurred in the state street in the state occurred in the state street address occurred in the state street address occurred in the state street addres			Cely
Control only or town limits, write AURAL and give marries town	(If outside city or town limits, write RURAL and give nearest town)	0 -7	
Sirest No. 2/27 Chilates In. Barbinson Interest address where death occurred: A. See S. Color or race 4. See S. Color or race 4. See S. Color or race 5. Color or race 5. Color or race 5. Color or race 6. Color or race 6. Color or race 7. Birth date of or wife 6. Color or race 7. Birth date of or wife 8. ACE: Years 8. ACE: Years 8. ACE: Years 8. ACE: Tears 9. Birthplace 9. Birthplace 10. Indicate of data. 11. Industry or business 12. Birthplace 13. Dirth data came of data. 14. Builden name 15. Birthplace 16. Informant 16. Informant 17. Birth data or or removery Wolden's Data thereof Manual Manu	How long in above place of death?	City or town	rest town)
Row long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) If referan, name war. 4. Set 4. Set 4. Solor or race 5. Color or race 5. Color or race 6. (c) If altre, give age 77-21 7. Birth date of decoaced (me, day, yr.) 7. Birth date of decoaced (me, day, yr.) 8. ACE: Years 8. ACE: Years 8. Month 9. Birthplace 11. Industry or business 12. Rame 13. Birthplace 14. Major findings of operations. 15. Birthplace 16. Informan man 17. Commany 18. Commany 19. Birthplace 19. Commany 10. Date thereof MARI 30 144 11. Commany 12. VOLENCE: If death was fige to external cases, fill in the following: 17. Commany 18. Foreral director 19. In the following: 19. Foreral director 19. In the following: 19. Foreral director 19. Fore	Hospital, Institution, or street address where death occurred:	Simile 2/27 Chelses In. Bartiman	
3. (a) FULL NAME A. See J. Color of races J. Col		. (If rural, give LOCATION)	/
4. See J. Color of race J. C	How long In hospital or Institution?	2.(a) If veteran, name war	U
4. See 4. See 5. Color or race 6. (a) Single, married, widewed, or diverced Fernall, Whith S. (b) Name of husband or wife 5. (c) If allre, give age 70 and that I last saw halve on the dale above stated: that I aliended deceased from 14. The same of husband or wife 15. Birth date of 15. Birth date of 15. Birth date of 15. Birthplace 16. Informant 16. Informant 17. White and C. Thies 16. Informant 16. Informant 17. White and C. Thies 18. Address 18. Address 19. Birthplace 19. Birthplace 10. Usual occupation. 11. Industry or business 11. Informant 15. Birthplace 16. Informant 16. Informant 17. White and C. Thies 18. Address 18. Address 19. ON Part St. Bash. Made 19. Birthplace 19. Committee one of death and the second death and the charged statistically. 19. Birthplace 10. Usual occupation. 11. Informant 11. Birthplace 12. Keeper of the decis occurred on the date above stated: that I aliended deceased from 19. Single on the sale above stated: that I aliended deceased from 19. Single on the sale above stated: that I aliended deceased from 19. Single on the sale above stated: that I aliended accurred from 19. Single on the sale above stated: that I aliended accurred from 19. Single on the sale above stated: that I aliended above stated: that I aliended accurred from 19. Single on the sale above stated: that I aliended accurred from 19. Single on the sale above stated: that I aliended accurred from 19. Single on the sale above stated: that I aliended accurred from 19. Single on the sale above stated: that I aliended deceased from 19. Single on the sale above stated: that I aliended deceased from 19. Single on the sale above stated: that I aliended deceased from 19. Single on the sale above stated: that I aliended deceased from 19. Single on the sale above stated: that I aliend			
## DEAL CERTIFICATION 5.(b) Name of hurband or wife 5.(c) If alive, give age 7. Birth date of deceased (ma, day, yr.) 6.(c) Name of hurband or wife 5.(c) If alive, give age 7. Birth date of deceased (ma, day, yr.) 8. AGE: Vers Months 8. AGE: Vers Months 9. Birthplace (Town, country, and state) 10. Usual occupation 11. Industry or business 11. Industry or business 11. Birthplace 12. Rame 13. Birthplace 14. Malden name 15. Birthplace 16. Informant Must Friedra C. Thies Address 17. Whalden name 18. AGE: Vers Months 19. Birthplace 10. Grown and state) 11. Industry or business 11. Informant Must Friedra C. Thies Address 10. Bat hereof Mall: 30-1947 (Unclude programacy within 3 months of death) 17. Whalden name 18. Funeral director common gratch 18. Funeral director Country, public plafe (where?) 18. Funeral director Country 19. Malver findings of operations and causes, fill in the following: 19. Malver findings of operations and cause of which death should be charged statistically. 20. BATE OF DEATH 21. I CEETIFY that death occurred on the date above stated; that I aliended deceased from 19. Malver find the death occurred on the date above stated; that I aliended deceased from 19. Malver find the death occurred on the date above stated; that I aliended deceased from 19. Malver find the death occurred on the date above stated; that I aliended deceased from 19. Malver find the death occurred on the date above stated; that I aliended deceased from 19. Malver find the cause of death alient death death alient death death alient death alient death death alient death d	Johanna The hies		
8. (b) Name of hurband or wife 8. (c) If alive, give age 9. Early lad death occurred on the data above stated: that a plended deceased from 13. LI CESTIFY lad death occurred on the data above stated: that a plended deceased from 14. Market last saw h		MEDICAL CERTIFICATION	
5.(c) Hame of hesband or wife 5.(c) Halire, give age 5.(c) Halire, give age 70	Female. White Linger	II V	IP M
7. Birth date of deceased (one, day, yr.) Aury 14, 16 18 18 18 18 18 18 18 18 18 18 18 18 18			
7. Birth date of deceased (mo, day, yr.) Aug 14, 1874 893 18 47 18 47 18 48		The second secon	
Berthplace Ballower Bays It less than one day Berthplace Ballower Bays It less than one day Berthplace Ballower	5.(c) If alive, give ageyears		
8. Birthplace			197
9. Birthplace		Immediate cause of death	
10. Usual occupation Due to		7734244444	
(Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant 16. Informant 17. While 18. Part Aldress 19. Date thereof Male 30.14.7 (Burth) (Guy) year) 19. Cemetery or crempatory 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant 17. While 18. Funeral director 19. County 10. County 10. County 11. Industry or business 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant 16. Informant 17. While 18. Funeral director 19. County 10. Count	9 Ritholane Balance. Ind.	main teles of 1th Hamay	10 4 mes
Due to 11. Industry or business 12. Name	(Town, county, and state)	Jue 10	
Diher conditions Diher conditions Diher conditions (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Date of op. (9244) Autopsy results. PHYSICIAN: Please underline the cause to which death abould he charged statistically. PHYSICIAN: Please underline the cause to which death abould he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of op. (9244) Autopsy results. PHYSICIAN: Please underline the cause to which death abould he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	1D. Usual occupation		100000000000000000000000000000000000000
Diher conditions Diher conditions Diher conditions (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Date of op. (9244) Autopsy results. PHYSICIAN: Please underline the cause to which death abould he charged statistically. PHYSICIAN: Please underline the cause to which death abould he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of op. (9244) Autopsy results. PHYSICIAN: Please underline the cause to which death abould he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	11. todustry or business	Due 10	*******************
13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Informant Address 17. Carrier (Barki, cremation, or remove) Which?) 18. Funeral director Comparison			***************************************
14. Malden name. Clystell Eurnany. 15. Birthplace Curnany. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	E 12. Rame	Diher conditions	************************
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Autopsy results. Autopsy results. PHYSICIAN: Piese underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did Injury occur? Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury injured at work?	5 15 Blobbalos		
Address 3000 St Paus St. Balk. Mal. 17. Carried and the compact of the state of th		Date of op	7
Accident, suicide, or homicide. Location Date thereof (month) (day) fyear) Cemetery or crematory. Location Date thereof (month) (day) fyear) Cemetery or crematory. Cell (month) (day) fyear) Cell (month) (day) fyear) Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	16. Informant		
Date thereof Date of	Address 3006 St. Paus St. Balk. Mil.	PHYSICIAN: Please underline the cause to which death should be charged at	atistically.~
Cemetery or crematory. Cellen Park Location Cells Injured at home, farm, Industry, public place (where?) 18. Funeral director Cells Injured at work? Address ON North BOUSTIME Means of Injury Occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	Carrieliand Quana: 30-101/2	22. VIOLENCE: If death was due to external causes, fill in the following;	
Cemetery or crematory. Cullen Park Location Cellinger C	(Burhi, cremation, or removal Which?) Date thereo (month) (day) (year)	Accident, suicide, or homicide Date of	
Location Colling Colli		Where did Injury occur?	
18. Funeral director. Show of Manday Means of injury injured at work? Address / ON NORTH BOLLS MAN	Brollimon Pelel		
Address / OXW YORK - BOUSTMI S B. C. and Lea M. D.	Location C.		
Address / OSW Monh - Ballottell 23. SIGNATURE James S. Bullingslea M. D	18. Funeral director Stubbont III and International	Injured at work?	1
23. SIGNATURE AND SIGNATURE	Address / OSW Monh-130 Mon	5 Billians	ea MD
M. D. or other	6/30 D Red Spain	M. D. or	other
(Date rec'd by registrar) (Date rec'd by registrar) Registrar Address. Leg. Burne ked Bate signed for 47,724.	(Date rec'd by registrar)	Address The Berry Ma Date signed	Les 47,124.

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH: County	2.(a) If veteran, name war
3. (a) FULL NAME Mollie Savoy Tongue	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Col. Widow	20. DATE OF DEATH. MAY 1947 214.30 P
6.(b) Name of husband or wife ************************************	21. 1 dentify that death occurred on the date above stated; that I attended deceased from 19 4 6 10 19 4 6 11
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs	Immediair cause of death DURATION /2 ha.
9. Birthplace	Due to Due to Suppose the Suran Suran Due to Due to Suppose the Suran Due to Suppose the Suran Due to Suran D
14. Maiden name Eliza Duckett 15. Birthplace Bowie Md.	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Mrs Helen Savoy Jones Address 59 Spa road	Autopsy results
Burial Date thereof June 30, 1947 (Buriat, cremation, or removal, Which?) Cemetery or crematory. St. Anne s Cemetery	7. Accident, suicide, or homicide
Northwest St. Extd. Annapolis Md.	
18. Funeral director. Mrs Charles E. Hicks Address 45 Northwest St. Annapolis Md. 19. June 30.1947	23. SIGNATURE M. D. or other M. D. o

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

04727

CERTIFICATE OF DEATH

	Reg. Disc. 140
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty asse arundel	God A Color
lty or town	State Mary Cand County Comme United
	City or town
long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
ital, Institution, or street address where death occurred:	Street No. 1/2 24 Mental Street No. 1/2 24 March 1000 M
	(If rural, give LOCATION)
v long In hospital or Institution?	2.(a) It veteran, name war
(a) FULL NAME William Henry	3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Married	
	20. DATE OF DEATH. June 10 19 47, 21 /
Edna M. haly	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from
i,(b) Name of husband or wife	19
Birth date of	years and thal I last saw halive on
deceased (mo., day, yr.) Jarry 25 1878	Immediate cause of death
. AGE: Years (Months Days It less than one day	Tellural Causts
49 4 16 hrs.	min
4	
Birthplace Cincinnate Gluo	Due to arrestly plessace
Was asset adm.	
D. Usual occupation	Due to
1. Industry or business	
12. Name	Dther conditions
13. Birthplace Muknown	
	(Include pregnancy within 3 months of death)
t4. Malden name	Major findings of operations
t4. Malden name	Date of op.
Edin Du Langu	Antopsy results.
16, Informant	Antopsy results. APHYStCIAN: Please underline the cause to which death should be charged statistically.
Address 12 M - Kludle Wy Greener	
D: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VtOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereot	Accident, suicide, or homicide
Cemetery or comptory ST Maryo	Where did injury occur?
Charles Min mil.	Injured at home, tarm, Industry, public place (where?)
Location	
the Funeral director. Julie M. lay la Du	Meens of Injury Injured at work?
(1) when	A P DL I'M
Address Chillips	123. SIGNATURE Lued - flyst Medical
-June 12 " 47 M TONING	M, D, or other
(Date rec'd by registrar)	strar Address Olio 400 Met Date signed 6/10/4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Dist. No. 21

CERTIFICA	ALE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Vann 3. 4. Sex Male Nolute Married, widowed, or divorced Married Married	3. (b) Social Security Number MEDICAL CERTIFICATION 2D. DAYE DF DEATH
6.(b) Name of husband or wife Velma H. Wale 6.(c) Halle, give age	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 18
8. AGE: Years Months Days If less than one day 46 8 24hrs.	Immediate cause of death DURATION
9. Birthplace	Due to
12. Name	Other conditions
16. Informant Mus Velma #. Wade Address 3 Marter St. Annabeli ??	Actors results
17	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Quantuli Beld. 18. Funerat director 24 Jaylan Lou	Injured at home, farm, Industry, public place (where?) Means of injury tnjured at work?
Address 19. June 12 19 47 (Date rec'd by registrar) (Date rec'd by registrar)	As SIGNATURE & PEYTIN Ritching M. D. Oster D. M. C. Date signed June 10,1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County United States of the County of t	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State racyland Coupty 1 1 .
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nuspital, institution, or street address where death occurren:	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number 7/7-07-6563
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored. marriel.	20. DATE OF DEATH June 30 19 47, at 9 P. M
6.(b) Name of bushend or wite Jasie Parker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
// 2000 1 35	19
T. Birth date of deceased (mo., day, yr.) august 2 7 - 1904	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
4 2 11 3 7hrsmin.	well
9. Birthplace Seveen (Town, county, and state)	Due to.
10. Usual occupation. Laboser.	Carton roped
11. Industry or business	Due to
	Other conditions
12. Name John N - Wassers 13. Birthopacolo hacles Country, rud.	
14. Malden name Louisa Equion 15. Birthplace Lushinglow, S. C.	(Include pregnancy within 3 months of death)
2 15. Birthplace Aucherylow, D. C.	Major findings of operations
16. Informant June Wassew - wife	Antopsy results
Addreys Severn, rud-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11. Date thereof	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide the suicide of the s
Cometery or crematory St. Marks	Where did Injury occur? Cluburses a.a. Ind.
Location Server, Index,	(City or town) (County) (State)
My Not. 12/1/00	Means of Injury Drawwing Injured at work? a friend.
Address 3 2 2 N Schroder St	1 - XD 1 X.A.
Audicos Company	23. SIGHATURE SUCCESSION M. D. or other
19. (Pate rec'd by registrar) Registrar	Address Islem Burnie, Ind Date signed 6/30-14-7

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 106 8

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CERTIFICATE OF DEATH

BC Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State. County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Midowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 15, 19 47 2:00A
6.(6) Name of husband or wife	21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 21 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 22 N CESUEY shall death occurred on the date above stated; that I attended daceased from 19 22 N CESUEY shall death occurred on the date above shall death occurred on
8. AGE: Years Months Days If less than one dayhrsmin.	May 16, 1947
9. Birthplace	Due to Due to Differ conditions Senile sychosis, paranoid type Known to us (Include pregnancy within 3 months of since Nov. 6, 1942
15. Birthplace 16. Informant Hospital Records Address Pownsville State Hospital, Karyland 17. Council Bate thereof (month) (day) (year) Cemetery or crematory Hospital Location Supply Hospital 18. Funeral director Supply Hospital Address Commissione Md (Dyte rec'd by registrar) Registrar Registrar	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

JUN 25 1947
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2411 N. Charles St., Baltimore 940

	CERTIFICA	TE OF DEATH	Reg. Diat. No	
How long in above place of death?	Totalia.	2. USUAL RESIDENCE (HOME (For newborn infant) give realdener State	county	rest town)
How long in hospital or institution?	11 20/0		3. (b) Social Security	Number
To the second		nberg		
Male White	6.(a) Single, married, widowed, or divorced	2D. DATE OF DEATH.	CERTIFICATION L 2 1947	4 25
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 9. Birthplace	Days If less than one day hrs. min	Immediate cause of death	p occlusion selevis.	
11. Industry or business 12. Name 12. Name 13. Birthplace 14. Name 14. Name 15. Name	Weinling	Dther conditions (Include pregnancy with	in 3 months of death)	
14. Maiden name 9 860	Cohen	Major findings of operations		
15. Birthplace Of Manager 16. Informant Manager 17. Address 312 Gellerate	elmen al	Autopsy results	to which death should be charged	0;0:0;0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0
17(Burial cremation, or removal, Which?)	Date thereof. (month) (day) (year)	22. VIOLENCE: tf death was due to externate Accident, suicide, or homicide	Date of	
Cemetery or crematory	: City 21.9.	Where did Injury occur?(City or to	ce (where?)	(State)
1B. Funeral director.	Tenler Jon	Means of injury	Claffy M.	Medica
19. June 22 19 47	1) Day Register	Address Annapri	Cas Ma Date signed.	6/22/4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

			21
Reg.	Dist.	No.	املا

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland. County a. a.
(If outside city or town limits, write RURAL and give nearest town)	Leve med
I TON TOUR III ADOLE DIEGE OF RESULT TOURS	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Streel No. New Cert Road.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Harry Clyde Hilson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
In w kingle	20. DATE DE DEATH June 15 19 42 at 7 = P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
	19, to
7. Birth date of deceased (mo., day, yr.) Sept- 14 1929	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of desth
19 9 15hrsmin.	acceeding 2 rate of 3 rate of
B. Birthplace Bulkemore, mit	Due to.
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business TYNE CONSTYUE, to M.	
12. Name. Hansel - Wilson.	Diher conditions
	(Include pregnancy within 3 months of death)
H 14. Malden name Sadel doest	
14. Maiden name Sadie Best 15. Birthplace Frederick Country. W.S.	Major findings of operations.
18. Informanders. H. C. Wilson (mosker)	Autopsy results.
	PHYSICIAN; Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
17 But 1 a late thereof (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory TIEN Haven	Where did Injury occur? Clay / Sauts - Ce - C. West.
a Gley Buydie MA	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
Location W. Dingleton	Means of injury & naverning injured at work?
18. Funeral director	
Address, Glen Burne, Ma.	Sustave & faciles Sul.
" //2 "HA masen 00-	23. SIGNAJORE
(Date rec'd by registrar)	Address Lelew Y sees we Med. Date signed 6/16/+>

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JUN 20 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Rog. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: How long in above place of death?..... Hospital, Institution, or street address where death occurred: 2.(a) If veteran, name war ... How long in hospital or institution?... Wines 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race MEDICAL CERTIFICATION 6.(b) Name of husband or wife..... 6.(c) if alive, give ageyears 7. Birth date of 7-2deceased (mo., day, yr.) If less than one day 8. AGE: 9. Birthplace..... 1D. Usual occupation. 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, injured at home, farm, industry, public place (where?) Means of Injury 23. SIGNATU

information carefully of death clearly and BINDING FOR RESERVED MARGIN

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Belleville Comment

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

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CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or streef address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Auvence Auvence Litkoursh	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stafe
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 7 6.(b) Name of husband or wife. Illean Secretarian 5.(c) If alive, give age 5 7. Birth date of deceased (mo., day, yr.) 1897	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. AGE: Years Months Days If less than one day 55	Due to
19. June 24 19 +7 G.W. Heart	23. SIGNATURE MAD BURNER M. D. or other M. D. or other